DISSERTATION ON

A STUDY TO ASSESS THE EFFECTIVENESS OF REIKI THERAPY TO REDUCE THE LEVEL OF DEPRESSION AMONG DEPRESSIVE CLIENTS AT INSTITUTE OF MENTAL HEALTH, CHENNAI.

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In partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE IN NURSING

APRIL 2016

CERTIFICATE

This is to certify that this dissertation titled **"A study to assess the effectiveness of Reiki therapy to reduce the level of depression among depressive clients at Institute of Mental Health, Chennai** is a bonafide work done by Ms.L.Jayalakshmi**,** II year MSc. (N) student, College of Nursing, Madras Medical College, Chennai-03, submitted to the **Tamilnadu Dr. M.G.R Medical University**, Chennai, in partial fulfillment of the university rules and regulations towards the award of degree of master of science in nursing, branch-v, mental health nursing, under our guidance and supervision during the academic period from 2014-2016.

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ABSTRACT

TITLE: A study to assess the effectiveness of Reiki therapy to reduce the level of depression among depressive clients at institute of mental health, Chennai.

Depression is the common cold of psychiatric which affects a person's ability and destroys the quality of life. It is treated with anti-depressants and psychotherapy. An alternative therapy can be used to reduce the depression and to improve over all wellbeing. Reiki therapy has countless benefits physically, mentally, emotionally and spiritually which ensures effective care without any undue restrictions.

Need for study:

Depression is the second leading contributor to the global burden of disease. Reiki therapy is the healing art which provides care physically, mentally, spiritually and socially to the client with countless benefits and which is cost effective.

Objectives

- To identify the socio demographic variables of the depressive clients at IMH.
- To assess the existing level of depression among depressive clients at IMH.
- To evaluate the post- test level of depression among depressive clients at IMH.
- To determine the effectiveness of Reiki therapy in reducing depressive features among depressive clients by comparing pre and posttest depression scores.
- To find out association between post-test depression score with selected demographic variables.

Methodology:

- *Research approach***:** Evaluative approach
- *Study design*: Pre- experimental one group pre-test and post-test
- *Sampling technique***:** convenient sampling
- *Study population*: All the depressive clients who met the inclusion criteria
- *Study setting*: Acute male and female wards at Institute of Mental Health.
- *Tool*: Beck depression inventory-II
- *Data collection procedure***:** The samples (n=60) were assessed for the pre-existing level of depression among the depressive clients by using BDI-II scale, Reiki therapy was given to depressive clients for 30 minutes once a day for 7 consecutive days , on 8th day post-test was done by using BDI-II.

Data analysis:

Demographic variables and clinical variables were analyzed by using descriptive statistics (mean, standard deviation) and correlated the levels depression score with demographic variable by using inferential (chi-square test and paired 't' test) statistics.

Study results:

The overall pre-test depression score among depressive clients were 57% whereas in post-test it was 29.9%. Depression reduction score is 27.1%. The study result revealed that Reiki therapy was effective. There was a statistical difference between pre-test and post-test levels of depression score. (P= 0.001)

Discussion: Depression is one of the major disorders among psychiatric illness. It can be treated with anti-depressants and alternative complementary therapy (Reiki is an emerging ancillary therapy). Through this study, Reiki therapy is effective in reducing the depression level among depressive clients.

Conclusion: Reiki therapy was effective in reducing level of depression among depressive clients. Since it is cost effective and self- healing procedure it can be applied in all settings.

Key words: Depressive clients, depression, Reiki therapy.

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IX	Coding sheet
X	English content validity

LIST OF ABBREVIATIONS

Abbreviations	Expansions
BDS	Beck Depression Inventory scale.
WHO	World Health Organization
NICCAM	National center for complementary and alternative medicine
NIH	National Institute of Health
NCRB	National Crime Records Bureau
NIMHANS	National Institute of Mental Health and Neuro Science
MDD	Major Depressive Disorder
SAD	Seasonal Affective Disorder
X^2	Chi square test
CI	Confidence interval
SD	Standard deviation
EPDS	Edinburgh Postpartum Depression Scale
NCS-A	National Comorbidity Survey–Adolescent Supplement
GIQ	General Information Questionnaire
FACT-F	Functional Assessment of Cancer Therapy Fatigue subscale
CES-D.	Center for Epidemiologic Studies Depression Scale
ASSOCHAM	The Associated Chambers of Commerce & Industry of India
STAIC	Spielberger's Anxiety State-Trait Inventory for Children

Introduction

CHAPTER-1

INTRODUCTION

"There are wounds that never show on the body that are deeper and more hurtful than anything that bleeds."

— Laurell K. Hamilton, *Mistral's Kiss*

Health is a positive state of wellbeing; mental health is a sense of wellbeing, an individual experience. People who can carry out their roles in society and whose behaviour is appropriate and adaptive are viewed as mentally healthy. Mentally health is determined by hereditary, environmental opportunities, good working conditions, fair support system effective communication, autonomy and independence of an individual. Maladaptive responses to stressors form internal and external environment. There are many psychiatric disorders among them depression is the common cold of psychiatric disorder[1].

The world is moving fast and so hectic; Human beings do not have time to relax. Feelings of ill luck, sadness and disappointments are part of human life and are experienced by everyone in the world. These feelings are associated with academic failures, problems with-in relationship, financial problems, failure in love, and loss of loved one which may lead to changes in normal sleep, appetite and disinterest in daily activities. Many of the people get success with their strong coping mechanisms while some people do not know the correct way to resolve their problems. People get depression when this happens on a continuous basis.

WHO (2013) concludes 350,000,000 (5% of world population**)** people globally are affected by some form of depression. Adolescents who have a depressive disorder by the age of 18 are 11%. And **70%** by which women are more likely than men to experience depression in their lifetime. **14%** of women from a 2013 postpartum depression study had the disorder four to six weeks after giving birth. **30%**of College students reported feeling depressed[2].

Depression is the common cold of psychiatric disorder. Many persons get affected by depression either directly or indirectly. Depression is a state of

low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and total sense of well-being. Depressed people feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, alone, irritable, hurt, or restless and they don't show interest on daily activities[3].

Depression presents with depressed mood, loss of interest or pleasure, decreased energy, feeling of guilt or low self-worth, disturbed sleep or appetite, and poor concentration .Moreover, depression often comes with symptoms of anxiety. Depression drives the client to feel hopeless and helpless. This leads to suicide. Almost 1 million lives are lost every year due to suicide, which translates to 3000 suicides every day[4].

A large majority of patients with depression present to physicians with complaints of medically unexplained somatic symptoms, or masked depression[5].

Depression is classified under mood disorders. These include major depressive disorder (MDD) where the person has at least two weeks of depressed mood, loss of interest in pleasure from all activities. Dysthymia is a state of chronic depressed mood symptom that does not meet the severity of major depression. Bipolar disorder consists of one or more episodes of elevated mood and one or more episodes of depressive mood. Seasonal affective disorder (SAD) is a type of depression that is related to changes in seasons — SAD begins and ends at about the same time every year. Symptoms start in the fall and continue into the winter months; sapping energy and making one feel moody. SAD causes depression in the spring or early summer**.** Pre-menstrual disorder occurs during the week prior to menses improving shortly after the menstruation[6].

Complementary and alternative therapies are used more than conventional therapies by people with self-defined anxiety attacks and severe depression to improve sense of wellbeing complementary and alternative therapies for the treatment of anxiety attacks and severe depression is considerably higher than reported chronic physical conditions[7].

Reiki for depression speeds up recovery in unimaginable ways. **Reiki** is a spiritual practice developed in **1922 by Japanese Buddhist Mikao Usui**. It is being followed by several teachers of diverse traditions. It uses a technique commonly called palm healing or hands-on-healing as a form of alternative medicine. Rei- which means God's wisdom, divine, high power and higher soul. Ki which is life force energy or vital energy. Reiki is spiritually guided life force energy[8]. (Mark Stallabrass (2015**) "A M annual of first degree Reiki and self)**

Reiki is a hand on healing technique that transmits universal energy from the Reiki practitioner to the person receiving the treatment. The practitioner applies hand positions on the body which passes the energy to the Reiki client. The energy enters the body and goes wherever it is needed. Reiki healers believe that Reiki opens the blocks which are present in the energy field or chakras. Reiki treats the whole body, emotions, mind and spirit. It involves physically, emotionally, mentally and spiritually and gives relaxation and feelings of peace and wellbeing[9].

Reiki is a spiritual healing practice that enhances wellness by gently encouraging balance throughout the entire system: body, mind, and spirit commonly facilitated by light touch[10].

Reiki is a simple, natural and safe method of spiritual healing and self-improvement that everyone can use. It also works in conjunction with all other medical or therapeutic techniques to relieve side effects and promote recovery[11].

Regular Reiki self-healing can make anyone totally free from feelings of helplessness, hopelessness and worthlessness and make life positive again. These negative thoughts, emotions and feelings disturb the flow of life force energy and Reiki produces a good effect by dissolving the barrier in the flow of life force energy. **(Priybrata kalikinkar ojha, 2013)**

It is a universally accepted fact that positive thoughts represent good health whereas; negative thoughts are likely to produce disease and discomfort.

Therefore, a mental disease can be regarded as depression, depressive psychosis. With Reiki coping with depression, it is easier as compared to drugs and medicines. Reiki combats depression as a negative energy. (Shubhaangi-Grandmaster 2011)

1.1Need for study

- **According to the World Health Organization (2014)** depression is projected to become the second leading contributor to the global burden of disease by 2020. Depression is recognized as the risk factor of coronary artery disease (CAD). (National Institute of Health) People with depression are 4 times as likely to develop a heart attack as those without the illness.
- Recently conducted world mental health surveys indicate that major depression is experienced by 10-15% people in their lifetime and about 5% suffer from major depression in any given year[12].
- If current trends continue, it will become the leading cause of disease burden by the year 2030[13]**.**
- **According to Global burden of disease (2010)** estimates the point of prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women. It estimates the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of the disability[14].
- India has among the highest rates of depression in the world. for every 100,000 Indians between 15 and 29 years old, 36 commit suicide annually—the highest rate among the youth in the world**.(Akshat rathi April 2015**)
- Statistics related to depression in India: Out of every 10 Indian professionals surveyed across the metropolitan cities, 4 suffered from general anxiety disorder or depression. In the list of all top diseases that affect corporate executives, depression (42%) ranks at the top, followed by obesity (23%), high blood pressure (9%) and diabetes (8%). The top 3

cities where professionals were the most prone to depression were Delhi, Bangalore and Mumbai, in that order. **(ASSOCHAM 2015)**

- U.S adults (16 million 6.9%) had at-least one major depressive episode in the year 2012. the average age of depression among Indians is at the age of 31years (NIMHANS 2009**).** In India 9% of people get affected by depression. Major depressive episode is high among Indians (35.9%). (Thiruvanandhapuram, 2011)NCRB states that 135,445 people committed suicide in the country last year. Tamil Nadu tops the list with 16,927 suicides. (National Crime Records Bureau 2013)
- A recent large population-based study from South India, which screened more than 24,000 subjects in Chennai, reported overall prevalence of depression to be 15.1% (poongothai 2009). Study conducted in Chennai with 309 subjects' of working and non-working women concludes that working women have 2.95% of depression and non-working women have 2.3% of depression[15].
- (**NCCAM (2006)** Reiki decrease stress pathways or reduces physiological responses to stressful situations. It could be a useful adjunct to traditional medicine with significant health and economic benefits.
- Reiki is a preventive and curative medicine (Eastern medical philosophy)
- Autonomic nervous system changes during Reiki treatment... (Nicola Mackay, M.Sc.2001)
- Reiki promotes health
- Reiki can never cause harm as it is guided by the God-consciousness;
- Energy is Never Depleted because it is a channelled healing; Reiki consciousness considers both practitioner and client receive treatment[16].

When I was collecting history from psychiatric clients at IMH, came to know that the core reason for mentally ill was depression which is developed and worsen by stressors. I heard about Reiki through television show (simple and cost effective and also gentle without any rules and regulations) which is

more applicable to the depressive clients. So the investigator selected the Reiki therapy to apply on depressive clients to reduce their depressive level.

1.2. Statement of the problem

A study to assess the effectiveness of Reiki therapy to reduce the level of depression among depressive clients at Institute of Mental Health, Chennai

1.3. Objectives

- To identify the socio demographic variables of the depressive clients at IMH.
- To assess the existing level of depression among depressive clients at IMH.
- To evaluate the post- test level of depression among depressive clients at IMH.
- To determine the effectiveness of Reiki therapy in reducing depressive features among depressive clients by comparing pre and posttest depression scores.
- To find a significant association between post-test depression score with selected demographic variables of depressive clients.

1.4. Operational definitions

Assess

It refers to the process of collecting data and documenting the level of depression among the depressive clients.

Effectiveness

It refers to the significant difference between pre and post interventional scores on depression level among the depressive clients at IMH after the Reiki therapy intervention.

Reiki Therapy

It refers to gentle non- invasive, non- pharmacological methods of hands on healing that provides balance to physical, emotional, spiritual and mental issues in life. Reiki therapy is given for 30 minutes at once in a day for 7 days in the head, face, throat, chest, abdomen and legs, of clients.

Reduction

It refers to the level by which depressive symptoms are reduced such as feeling of hopelessness, helplessness, guilt and lethargy.

Depression

It refers to an emotional state of mind characterised by a feeling of inadequacy, withdrawal, hopelessness, worthlessness and helplessness.

Depressive clients

Depressive client refers to those who are diagnosed with depression including features feeling of guilt, loss of interest and pleasure.

1.5. Assumptions

- Depressive clients and relatives have inadequate knowledge regarding Reiki therapy.
- Reiki therapy reduces the level of depression among depressive clients.

1.6. Hypotheses

HI-There will be a significant difference between pre and post-test level of depression among depressive clients.

H2-There will be a significant association between post- test level of depression with selected demographic variables of depressive clients.

1.7. Delimitations:

- Data collection period is restricted to four weeks
- The study is limited to selected wards at Institute of Mental Health, Chennai.
- The study is limited to depressive clients who can understand and speak Tamil or Englis

Review of Literature

CHAPTER-II

REVIEW OF LITERATURE

The literature reviewed for this study, is organized and presented under the following headings.

2.1.1. Literature related to prevalence of depression.

2.1.2. Literature related to effectiveness of Reiki therapy.

2.1.3. Literature related to effectiveness of Reiki therapy on depression

2.1.1. Studies related to prevalence of depression

Sanja Musić Milanović (2015) conducted a study on prevalence of depression symptoms and associated socio-demographic factors in primary health care physicians in the Health Centre Zagreb - Zapad (769) instrument used is Zung Self-Rating Depression Scale. Among the 25.5% of participants whose Zung score was outside the normal range, 19.38% were mildly, 4.64% moderately, and 0.91% severely depressed[17].

Jayanthi.P (2014). A cross-sectional study was conducted at higher secondary schools in Tamil Nadu. 1120 adolescents were included in the study after screening by MINI-kid tool. Modified Educational Stress Scale for Adolescents was administered to all children. Adolescents who had academic stress were prone to higher risk of depression than adolescents without academic stress[18].

Rajendran.K (2014) conducted a sociological study on the Prevalence of Depression among Elderly persons to determine the prevalence of depression. A study group of 100 elderly aged 60 years and above were selected randomly from the rural areas of Udupi district with across sectional survey approach and GDS as instrument used and socio demographic variables. The study findings revealed that 31.2% of the samples were found to have severe depression[19].

Shelli Avenevoli (2014). Study was conducted regarding 12-month prevalence of depression to examine socio demographic correlates and comorbidity. Data are from the National Comorbidity Survey–Adolescent Supplement (NCS-A), 10,123 adolescents aged 13 to 18. Lifetime and 12-

month prevalence of MDD were 11.0% and 7.5%, respectively. The corresponding rates of severe MDD were 3.0% and 2.3%. The prevalence of MDD increased significantly across adolescence, with markedly greater increases among females than among males[20].

Alize Ferrari et al., (2013) The authors analysed the burden of depressive disorders by country, region, age, sex, and year, as well as burden of depressive disorders as a risk factor for suicide and ischemic heart disease. Burden was calculated for major depressive disorders (MDD) and dysthymia. A systematic review of epidemiological data was conducted. The data were pooled using a Bayesian meta-regression from population survey data. MDD accounted for 8.2% (5.9%–10.8%) of global YLDs and dysthymia for 1.4% (0.9%–2.0%). Depressive disorders were a leading cause of DALYs[21].

Ganesh kumar (2012) conducted a cross sectional study among medical students institution in Mangalore (Karnataka) aimed to assess the prevalence of depression A stratified random sample of 400 students was assessed using Beck Depression Inventory by investigators. The overall prevalence of depression was found to be 71.25%. Among those with depression, a majority (80%) had mild and moderate degree of depression. The study showed that 45.7% (183) of the depressed were females and 54.3% (217) were males.

Bromet et al., (2011) the problem was evaluated in face-to-face interviews using the CIDI. Data from 18 countries (n=89,037). All countries surveyed representative samples of adults. The average lifetime and 12-month prevalence estimates were 14.6% and 5.5% in the ten high-income and 11.1% and 5.9%. Female: male ratio was about 2:1. In high-income countries, younger age was associated with higher 12-month prevalence[22].

Mohanraj.R. et al., (2010): Cross-sectional study to find the prevalence of depression among adolescents (964) in schools at Chennai urban setting. Data were collected through BDI, 378 adolescents (39.2%) were found to be non-depressed, 358 (37.1%) were mildly depressed, 187 (19.4%) were moderately depressed and 41 (4.3%) severely depressed Individual symptoms of depression and depressed mood are common in adolescents[23].

Bansal. V. (2009) Conducted a Cross-sectional one-time observational study using simple screening instruments for detecting early symptoms of depression in adolescents by using GHQ-12 and BDI. School-going adolescents (15.2%) were found to be having evidence of distress, 18.4% were depressed Economic difficulty, physical punishment at school, teasing at school and parental fights were significantly associated with higher BDI scores, indicating depression.

Bayati. A. et al., (2009) conducted an analytical cross sectional study among 304 undergraduate medical and basic students to determine the prevalence and risk factors of depression in students of Arak, Iran University. This study shows that female sex, uncertain future and positive family history are important risk factors of depression. The prevalence of depression was higher in females than in male student[25].

Bugdayci. R et al (2009) conducted a study to determine the prevalence of depression. In-home questionnaires were given to non- pregnant married women aged between 15-44 years from primary healthcare centres identified through stratified sampling method with the tool of EPDS. Data were available on 1447 women. PPD prevalence was 29.0% at 0-2 months, 36.6% at 3-6 months, 36.0% at 7-12 months, and 42.7% >or= 13 months postpartum[26].

Mansour (2009): conducted a cross sectional study was to investigate the prevalence of depression among university students, at Osmangazi in western Tukey with 822 students through BDI, and the Medical Outcomes Study Short Form-36 (SF-36). Result shows 377 (45.9%) were males and 445 (54.1%) females. Overall, the prevalence of depression was 21.8% (*n*=179/822).

Mark Tomlinson (2009): A nationally representative household survey was conducted between 2002 and 2004 CIDI to establish a diagnosis for depression. The dataset analysed included 4351 adult South Africans of all racial groups. The prevalence of major depression was 9.7% for lifetime and 4.9% for the 12 months prior to the interview. The prevalence of depression

was significantly higher among females than among males. The prevalence was also higher among those with a low level of education[27].

Subramani Poongothai et al., (2008) conducted a study to determine the prevalence of depression in an Urban South Indian population; 25455subjects were randomly selected from Chennai city. Depression was assessed by using a self-reporting health questionnaire. This study revealed the prevalence of depression as higher among females, lower socio-economic status and higher among divorced and widowed in Urban South Indian population. Overall prevalence rate is 15.1%[28].

Kristina sundquist et al., (2007) conducted a study to examine whether a high level of urbanization is associated with increased depression. They selected 150 subjects aged 25-64 years with respect to first Hospital admission for depression. This study revealed that a higher level of urbanization is associated with risk of psychosis and depression for both men and women[29].

Jennifer.S. (2007) Conducted a study using Medline on PubMed; a systematic literature search was carried out for studies of depression in Parkinson's disease, the prevalence of major depressive disorder was 17% of PD patients, minor depression 22% and dysthymia 13%. Clinically significant depressive symptoms were present in 35%. The reported prevalence of major depressive disorder was 19%[30].

Patten.B. (2006) conducted descriptive epidemiology study to understand the prevalence of a major depression in Canada with CIDI. The lifetime prevalence of major depressive episode was 12.2%. Past-year episodes were reported by 4.8% of the sample; 1.8% reported an episode in the past 30 days. As expected, major depression was more common in women than in men. The peak annual prevalence occurred in the group aged 15 to 25 years[31].

2.1.2. Studies related to effectiveness of Reiki therapy:

Rhodes et al., (2015) A randomized, single-blind study examined to determine the efficacy of Reiki treatments in reducing state anxiety among working adults (20) with stress and anxiety at Capella University on the DASS. The STAI was used to compile pre-test and post-test state anxiety data from

participants. The findings indicated the Reiki treatment group were statistically significant with large effect sizes, compared to the paired and independent samples t-test for the rest period control group. Study concluded that receiving a 30 minute Reiki treatment may reduce state anxiety and stress among adults[32].

Rosado et al., (2015) a quantitative study utilized a cross-over design to ascertain if 30-minutes of healing touch could reduce burnout in community mental health clinicians and to explore the efficacy of Reiki versus sham-Reiki. The results suggest that hands-on interventions are beneficial in reducing stress and that Reiki has a positive effect greater than relaxing touch alone. The finding shows that Reiki reducing burnout in community mental health clinicians[33].

Susan Thrane et., (2014): A randomized clinical trials study was reviewed to calculate the effect of Reiki therapy for pain and anxiety in adults. Effect sizes for within group differences ranged from d = 0.24 for decrease in anxiety in women undergoing breast biopsy to d = 2.08 for decreased pain in community dwelling adults. The gap between group differences ranged from d = 0.32 for decrease of pain in a Reiki versus rest intervention for cancer patients to d = 4.5 for decrease in pain. This study is evidence to suggest that Reiki therapy may be effective for pain and anxiety[34].

Tulay Sagkal Midilli et al., (2012): A randomized, controlled clinical trial (n=90) was conducted to investigate the effect of Reiki on pain, anxiety, and hemodynamic parameters on postoperative days 1 and 2 in patients who had undergone caesarean delivery. Treatment applied to both groups in the first 24 and 48 hours after delivery for 30 minutes. Statistically significant differences in pain, anxiety and breathing rate (p = .000) Results showed that Reiki application reduced the intensity of pain, the value of anxiety, and the breathing rate, as well as the need for and number of analgesics[35].

Catlin .A. (2011) Double-blind, randomized clinical controlled trial was conducted to determine whether provision of Reiki therapy during outpatient chemotherapy is associated with increased comfort and well-being with 189 participants, were randomized to actual Reiki, sham Reiki placebo, or standard

care. Outcomes were measured using 0.05 as the level of significance. This study reveals that provision of Reiki therapy is increasing the comfort and wellbeing of the clients who were on chemotherapy[36].

Deborah Bowden (2010) conducted randomised controlled single-blind trial of the effects of Reiki and well-being. Forty healthy psychology Undergraduates were randomly selected. Ten 20-min intervention sessions over 12 weeks given. Self-report measures of illness symptoms, mood and sleep were assessed pre–post-intervention. Pre-test level of DASS score for anxiety is 3.59 post-test is 2.41 and depression pre-test score is 6.06 and post-test is 4.35 and total score pre-test is 18.71 post-test is 12.41 and study reveals that Reiki is effective on positive wellbeing[37].

Kathy L. Tsang (2009) His study evaluated with cross over design (Reiki and rest), the effects of Reiki, on fatigue, pain, anxiety, and overall quality of life (n=13 participants) Reiki and rest applied 1 hour each day for 5 consecutive days. FACT-F and visual analog scale were used. Fatigue on the FACT-F decreased within the Reiki condition (*P*=.05 pre-test-29.71and post-test-35.65) over the course of all 7 treatments. In addition, participants in the Reiki condition experienced significant improvements in quality of life[38].

Vander Vaarts (2009): Studies were identified using an electronic search of Medline, EMBASE, Cochrane Library, and Google Scholar. Quality of reporting was evaluated using modified CONSORT Criteria for Herbal Interventions, while methodological quality was assessed using the Jadad Quality score. Nine (9) of the 12 trials detected a significant therapeutic effect of the Reiki intervention[39].

Anne vitally. T. (2006) conducted a quasi-experimental study was to compare reports of pain and anxiety in 2 groups of women after abdominal hysterectomy. Reiki were performed preoperatively, 24 hours and 48 hours postoperatively for 30 minutes in the patient's room on the surgical unit. Pre-test-31.96 SD 9.73) (post-test-26.17 SD 6.26) t = 2.46; P = .025). The results indicated that the experimental group reported less pain and requested fewer

analgesics than the control group. Also, the experimental group reported less state anxiety than the control group on discharge at 72 hours post operation[40].

Barnett, Deborah A.(2005) A randomized, controlled design focused on the results parents experienced by learning and practicing Reiki on themselves and their children included 48 parent volunteers experiencing stress at Institute of Transpersonal Psychology.Participants were assessed prior to the intervention, 3 and weeks after the intervention,Data collected with PSS, Friedman Well-Being Scale (FWBS), For 6 weeks following their Reiki class, participants practiced Reiki or Limited (unattuned) Reiki on themselves and their children and recorded their practice time. Results indicated that both Reiki groups experienced a statistically significant decrease in stress and an increase in well-being, family relationship quality, gratitude, and spirituality[41].

Nicola Mackay (2004): Blind trail study was conducted on 45 persons to determine if Reiki had a positive effect on the functioning of their autonomic nervous system. One group received no treatment, another group received Reiki, and the third group received a placebo Reiki. One group rested for 15 minutes, then received Reiki for 30 minutes and then rested for another 10 minutes. One group rested for 15 minutes, then received "fake" Reiki, and then rested for another 10 minutes. One group rested the entire time. The study results indicated that the heart rate and diastolic blood pressure decreased significantly ($p=<0.005$) in the Reiki group compared to both placebo and control groups[42].

Whelan et al., (2003) study evaluates how nurses who gave Reiki therapy perceived the benefit of this therapy on their clients and on themselves concurrently as providers of the therapy. As an adjunct, the study's purpose was to enhance the understanding and credibility of nurse/Reiki practitioners. the result shows felt more peaceful (75%),felt good 50%, helped pain reduction 50%, less burnout9self care benefit and helps to get increased intuition and insight. study revealed that most prevalent benefit to the client during the during a nurse Reiki therapy[43].

Wardell D. (2001). Conducted a single-group repeated measures design study to evaluate selected biological markers for the effects of Reiki on stress reduction. A convenience sample of 23 healthy subjects, each participant received 30-minute Reiki session. The t test results showed that state anxiety mean scores were lower after the Reiki session (M = 26.17, SD = 6.26) than before the Reiki treatment (M = 31.96, SD = 9.73)[44].

John Astin et al. (2000): study was conducted to evaluate the efficacy of "distant healing" as treatment for any medical condition. Studies were identified by an electronic search (23 trials involving 2774 patients). Of the trials, 5 examined prayer as the distant healing intervention, 11 assessed non-contacts Therapeutic Touch, and 7 examined other forms of distant healing approximately 57% of trials showed a positive treatment effect, the evidence thus far merits further study[45].

Mansour (1999) conducted crossover experimental design **S**tudy to find out the efficacy of standardization of Reiki (20 blinded subjects). The belief in Reiki is that only practitioners who are initiated could give Reiki, thus making it possible to have a placebo arm in efficacy studies. The findings of the study indicate success for developed standardization procedures. It was concluded that it is safe to go ahead and conduct the planned randomized 3-arm Reiki efficacy clinical trial[46].

Betty Hartwell et al. (1997) conducted a study was to identify the therapeutic effects of Reiki treatments on clients with chronic illness using electro-dermal screening. One-hour Reiki treatment sessions with using 4 different practitioners and one Reiki Master were performed over a ten-week period. Initially, three consecutive treatments were given and then one treatment per week for eight weeks. Each individual was measured for skin electrical resistance at three acupuncture points on hands and feet. All the patients reported increased relaxation after Reiki treatments, a reduction in pain and an increase in mobility.

Dr.Grad (1995). Carried out experiment involving tap water and plants. Sealed containers of water were given to a psychic healer to hold and others were given to a severely depressed patient to hold. The plants watered with the healer-held water had an increased growth rate and those watered with the water held by the severely depressed patient had a decrease in growth rate compared to controls. These experiments involving plants, in addition to confirming the non-placebo nature of psychic healing, scientifically confirm the ancient metaphysical understanding that healing energies can be stored for future.

2.1.3. Studies related to effectiveness of Reiki on depression

Punitha. S. et al., (2014): Their study was to assess the effect of Reiki therapy on depression in a selected village in Thiruvallur district. Pre-experimental one group pre-test and post-test design. The samples were elderly people (n=30) There was a statistically significant decrease in the level of depression among elderly people in the post-test with paired t test value of 17.47 at $p < 0.001$. This study concludes Reiki therapy enhances the positive thoughts and strengthens the energy vibrations in elderly people with depression[47].

WM.Yu (2013) made a study to review literatures on application of Reiki on depression in nursing. Databases of CINAHL and MEDLINE between 2000 and 2012. Three studies were found relevant. An experimental study and two randomized clinical trials with control groups performed in community also found an improvement in depressive symptoms, hopelessness, and stress in treatment, of which one of them had showed the continuity of Reiki effect lasted for a year. Since evidences showed a positive impact of Reiki on depressive clients, it is suggested to perform Reiki treatment by nurses as an adjuvant therapy on depressive clients[48].

Mansoureh Charkhandeh (2012) His study examined is to examine the effectiveness of Reiki therapy in reducing level of adolescents in Tehran, Iran. An instrument for data collection was CDI. The total number of samples is (65).The age of the respondents was 12-17 years. There was significant

difference in pre-test = 30.62% and post-test=29.33% of Reiki (t=5.99, p<.05) showing the effectiveness of Reiki therapy, which led to a reduction in the depression score of participants in 6 week[49].

Silpa dharan (2012) made an experimental study conducted to examine the effectiveness of Reiki therapy on depressive clients at SIMHANS and spandana rehabilitation and research centre, Bangalore. Samples (50) were assessed by using BDS-II. Reiki therapy was administered for 30 minutes once a day for 7 days continuously. Over all pre-test score is 50.6%, post-test score is 21.5% and the depression reduction score is 29.1% P value is <00.05. This study reveals that significant decrease in depression level after Reiki therapy.

Vera Porter (2012) conducted a randomized, controlled study for evaluation of the effects of Reiki on anxiety and depression. 76 individuals were randomly divided into Group 1 and Group 2. All the participants completed three weekly Reiki session, The State-Trait Anxiety Inventory and Zung Self-Rating Depression Scale showed there is reduction in State Anxiety (p<.001), Trait Anxiety (p<.001) and Depression (p<.001). Study indicates approximately 10% reduction in State Anxiety, Trait Anxiety and Depression after completion of the three Reiki treatments.

Deborah Bowden et al. (**2011)** their study evaluates the effect of Reiki at benefitting mood and well-being in 40 university students half with high depression and anxiety and half with low depression and anxiety were randomly assigned to receive Reiki or to a non-Reiki control group. Participants experienced six 30-minute sessions over a period of 2 to 8 weeks. Study shows reduction in tension, Increase in calmness, increase Energy, DASS score pre-test-2.256, post-test F=3.497, p=.036 The participants with high anxiety and depression who received Reiki showed a progressive improvement in overall mood[50].

Nancy Richeson (2010) His experimental study was designed to evaluate the effects of Reiki on pain, **depression,** and anxiety in community dwelling older adults at a northern New England university within the College of Nursing. Random assignment of participants to an experimental (n = 13)

Baseline data were collected by using the GDS, HAM-A, Participants had 8-week Reiki intervention; and post testing with a follow up interview, completed at the end of Week 8. GDS pre-test=7.8 mean post-test=5.44 and scores for the experimental group revealed significant decreases in depression, anxiety, and pain[51].

Kelley (2009) A quantitative experimental design was employed in which participants rated their level of depression at north central university. Instrument used is beck depression Inventory. Those receiving Reiki in addition to counselling reported a greater decrease in depressive symptoms (mean change = -18.97) as compared to those who received counseling alone (mean change = -12.61, SD = 13.27) the findings suggest that Reiki could contribute significantly to the mental health field ($p<.05$).

Deborah Salach (2007): This quasi experimental study explores Reiki as a healing modality on older adults with Alzheimer's disease (n=8, age between58-89) who experience depression and anxiety at Institute on Aging Adult Day Health Centre in San Francisco. Instrument used is GDS and STAIC scales. Four participants received Reiki sessions and four participants received mock Reiki of 30 minutes per session, once a week for eight weeks. Pre-test depression score is 6.5, post-test score is 4.25, anxiety pre-test score is 34.8 and post-test is 26.8. This study concludes that Reiki has positive effects on depression and anxiety in this population diagnosed with dementia and Alzheimer's disease[52].

Adina Goldman Shore (2004) Study was conducted to evaluate the long-term effects of Reiki, on symptoms of depression Forty five adult participants aged 19 to78 were randomly assigned one of 3 groups, hands-on Reiki, non- touch Reiki, - distance Reiki placebo. Reiki was given 1 to1 1/2 hour treatment each week over a period of 6 weeks. Significant differences were noted between treatment and control groups ($p < .05$) BDI pre-test value is M=10.44 and post-test is 3.75, by HS pre-test M=3.63 and post-test M=1.81and by PSS pre-test value is M=1.81, post-test is M=1.26, all subjects

reported experiences of deep relaxation, calming, increased energy flow, and greater connection to Spirit as a result of Reiki treatments[53].

Linda Dressen (1998): Experimental study examined the effects of Reiki on pain, mood**,** personality, and faith in God. Participants *(N* 120) were randomly assigned to one of the four groups. The Reiki Group received ten sessions of Reiki. Progressive Muscle Relaxation Group received ten sessions of relaxation therapy. Control and Placebo Group data collected by GIQ, SRSS, BDS-II. Reiki proved significantly superior ($p<.0001–.04$) to other treatments. At the three-month check-up these changes were consistent and there were highly significant reductions in total pain and improve mood[54].

2.2. Conceptual framework

Conceptualisation is the abstract of an idea, simplified view of our whole study. A conceptual frame work is the network of concepts and ideas and in research helps to identify the ways to look at data and grasping fact in the study. The conceptual frame work selected for this study is based on Betty Neuman's health care system model.

Betty Neuman's health care system model

The present study was intended to find out the effectiveness of Reiki therapy in reduction of depression among depressive clients. The conceptual framework is based on Betty Neumann's health care system model. This model affords a total person approach (or) holistic client approach by providing the multidimensional view of a person as an individual. This model includes holistic client approach, open system, basic structure, environment, and stressors, line of defence and resistance, degree of reaction, three levels of prevention as intervention. The holistic client approach mainly focuses dynamic and constant interaction between client and environment. Betty Neumann's model focuses on stress and stress reduction is primarily concerned with the effect of stress on health[55].

Basic core structure:

According to the Neumann's model, any person has core circle consisting of basic structures, which encompass the factors necessary for client

survival. These factors also include physiological, psychological, sociocultural, developmental and spiritual variable. Surrounding the basic core structure is a concentric circle, which includes the line of resistance and line of defence. A solid line which is outside of the Line of Resistance is called Normal line of defence. It is an equilibrium state or the adaptation state where a client can make some adjustment to overcome the stressors. Flexible line of defence is a broken line which is outside of the Normal line of defence. It acts as a protective barrier to prevent stressors. It is dynamic and can change rapidly over a short time. The series of lines surrounding the basic core structure is called Line of resistance. It represents the internal factors of the person that help defence against stressors. The degree of reaction is the amount of system instability that occurs after the exposure to stressors. Neumann describes stressors as any environmental force including aand it include tension producing stimulus that has the potential to affect a person's normal line of defence. According to Neumann's there are some specific interventions like primary, secondary and tertiary prevention which is used to retain or maintain system stability.

Assessment

Internal and external forces that can affect the client at any time are considered as environment. They include intrapersonal, interpersonal and extra personal factors. Stressors constitute any environment force that alters system stability. A person's reaction to a stressor is determined by natural and learned resistance which is manifested by the strength of the lines of resistance and the normal and flexible line of defence.

In the present study, depressive clients are viewed as an open system that is influenced by various stressors like marital status, religion, financial support, occupation, number of children, duration of stay etc. The changing life style, family stress and emotional stress are considered as their environment. In the flexible line of defence, clients take the life changes as normal phenomena. In the normal line of defence, clients try to use a coping mechanism to adjust with stressful situation. Clients also possess a line of resistance which attempts

to stabilize the individual according to his ability to cope up with problems. But when the stressors cut across the line of resistance due to intensity, they may alter the basic structures and exhibit various stress reactions which may lead to depression.

Intervention:

The goal of nursing is to keep the person healthy and stable. Specific interventions like primary, secondary and tertiary prevention are used for retaining or maintain system stability. Primary prevention includes regular warm up exercise regularly, relaxation, and ventilation of feelings, proper diet, social support, maintain positive feeling about us. Secondary prevention includes reduction of depression through relaxation techniques, exercises, rest and proper diet, family and social support, ventilate the feelings. Tertiary prevention includes rehabilitation like re-adaptation and re-education, re-integration to prevent future occurrence and maintenance of stability.

In this study, provision of Reiki therapy is one of the relaxation and supportive techniques which is used as secondary prevention for reducing level of depression.

Evaluation

It is the end product of a system as a result of its process; it refers to decrease in the depression level and measured by post-test.

Reconstitution

It is a state of person system to adapt the stressor is called reconstitution. It includes reduction of depression by Reiki, exercise, improving physical and mental health, boosting self-esteem and sense of well-being

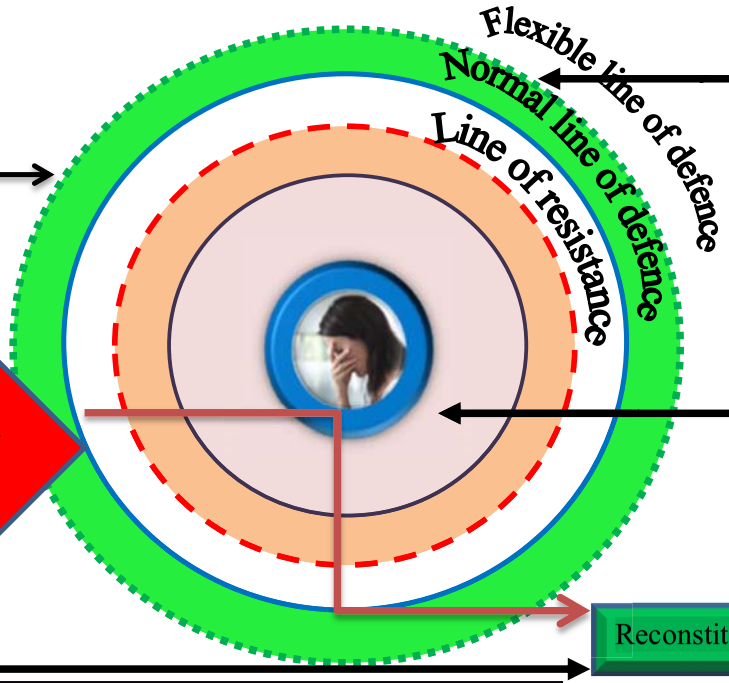
Pre-assessment(BDS-II) done with Clients as an open system that responds to stressors in the environment. The client variables are physiological, psychological, sociocultural, developmental, and spiritual.(optimum system – ability to conserve energy)

Primary prevention

Warm-up Exercise
Balanced Diet
Positive feeling about themselves, sharing feelings, ventilation of feelings

Stressors

Intra; Anger, Hopelessness, Helplessnes,low self -esteem,weak Ego,academic failure
Inter: Separated from the family, widowed, love failure,
Extra: No financial support, Loss of job, poverty, dis organized with society.



Basic core structure

Genetic core: Family history of depression and suicidal tendencies

Energy resource depletion: Loss of job, Poverty Widowed, separated from the family, failures, strained relationship, weak ego, loss of faith in god, chronic disease condition.

Secondary Prevention

- Relaxation techniques
- Rest & Proper diet
- Family & social support
- Ventilation of feelings

Energizing with Reiki

Reconstitution

Reconstitution: Depression reduced by Reiki energy which covers all variables of client- Improve physical and mental health-Boost self-esteem-client holds by supportive system-Sense of well-being.

Tertiary Prevention

Rehabilitation
Re-adaptation
Re-education
Re-integration

INTERVENTION
(Secondary prevention
REIKI THERAPY
Warm up exercise, Deep Breathing Exercise
Points focus meditation, energizing with Reiki by placing the hands on the client in order to clear the chakras.

Post-Test

Level of Depression maximum reduced

Level of Depression minimum reduced

Conceptual Frame work based on Modified Betty Neuman's Health Care System Model

Research Methodology

CHAPTER-III

METHODOLOGY

3.1. Research approach

A Quantitative research approach was adopted for this study for accomplishment of study objectives.

3.2. Study design

The adopted research design for this study is Pre – Experimental One group Pre-test and Post-test design. A single test group is selected and the dependent variables are measured before and after the intervention[56].

Table 3.1: Schematic Outline of Research Design

Pre-Test	Intervention	Post Test
O1	X	O2

Key

O1: Pre-test to assess the level of depression among depressive clients

X: Reiki therapy

O2: Post-test to assess the level of depression among depressive clients

3.3. Study setting Mental

Psychiatric inpatient wards at Institute of Mental Health, Chennai. Institute of Mental Health involved in Health care for the past 207 Years. It was founded in 1794 as an Asylum to manage only 20 inpatients. Now it has grown up to an Institute with 1800 beds. It is now well established with all special services like rehabilitation, industrial, occupational, recreational family therapy, yoga etc. It has separated areas for male and female clients.

3.4. Data collection period:

The data were collected for the period of four weeks from 16.07.2015 to 14.08.2015

3.5. Study population

The study population includes all the depression clients who met the inclusion criteria in acute male and female wards at IMH.

3.6. Sample size

The study sample comprises 60 depressive clients in acute male and female wards at IMH who met sampling criterion.

3.7. Sampling criterion

3.7.1. Inclusion criteria

- Inpatient depressive clients of both genders with the age group between 15 to 70.
- Clients who available during the time of data collection
- Clients who are accepting and believing the healing of Reiki
- who speaks and understands Tamil or English

3.7.2. Exclusion criteria

- Clients who are not willing to participate.
- Clients who do all not believe Reiki healing.
- Clients with general debility and comorbid illness
- Clients with other psychiatric disorders.

3.8 Sampling technique

. The samples were selected by simple convenient sampling technique based on the inclusive criteria**.**

3.9. Research variables

Dependent variable : level of depression among depressive clients.

Independent variable : Reiki therapy.

3.10: Development and description of the tool

3.10.1 Development of the tool

Tool was selected after extensive literature review from the various text books, Internet search, guidance and discussion with experts in the field of nursing and psychiatry and statistics. A structured questionnaire was used to collect data from the depressive clients who were admitted in acute male and female wards at IMH.

3.10.2 Description of the tool

The tool consists of two sections A and B

Section-A: Comprises 14 Socio Demographic variables which includes age, religion, marital status, education, occupation, financial support, number of children, number of hospitalization, recreational activities, and source of information regarding Reiki.

Section-B: Comprises 21 items of standardised Beck Depression Inventory Scale (BDI). BDI created by Dr. Aaron T. Beck, is a 21 question multiple survey, one of the most widely used instrument for measuring the severity of depression. There are two versions of the BDI, the original version first published in 1961 and revised in 1971; BDI-II, a revision of BDI was published in 1996.

The questionnaire is self-administered and the results are relative and dependent on how the subject answers each question. It can be administered to assess normal adults, adolescents, and individuals with psychiatric disorders (13 years of age or older). It has been designed to document a variety of depressive symptoms the individual experienced over the preceding week. Responses to the 21 items are made on a 4-point scale; total scores can range from 0 to 63.

Tool consists of sadness, pessimism, loss of interest, loss of failure, past failure, Guilty Feelings, Punishment Feelings, Self –Dislike, Self-Criticalness Suicidal Thoughts or Wishes, crying, Indecisiveness, agitation, Worthlessness, loss of energy, changes in sleeping pattern, change in appetite, concentration difficulty, Irritability, Tiredness of Fatigue, loss of interest in sex.

Table 3.2 Scoring and Interpretation

S.no	Levels of depression	Score	in %
1	Minimal depression	0-13	0-21
2	Mild Depression	14-19	22-30
3	Moderate Depression	20-28	31-45
4	Severe Depression	29-63	46-100

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3.11. Ethical consideration

The study objective, intervention and data collection were approved by the ethics committee of DR. M.G.R. Medical University, permission for conducting the study was obtained from the Head of the Department, Department of Psychiatric Nursing, College of Nursing, Madras Medical College, Chennai, and the Director, Institute of Mental Health. An informed consent was obtained from the each study subject before starting the data collection and assurance was given that confidentiality and privacy would be maintained.

3.12. Content validity

Validity of the tool was assessed by using content validity the instrument is given to five experts of in different fields, two from the field of psychiatric nursing, one psychiatrist, one psychologist and one Reiki healer and from statistical expert. The experts were requested to give their valuable suggestions regarding adequacy, reliability and appropriateness of the tool. The tool consists of 14 items of demographic variables and 21 items of standardized beck depression inventory-II. Experts are given some suggestion to modify the options of demographic variables, according to the experts opinion demographic tools has been modified

3.13. Pilot Study

A trail run study conducted to test the reliability, practicability and feasibility of the study.

The main objective of the pilot study is to help the investigator to become familiar with the use of tool and to find out the difficulties in the main study. The investigator underwent Reiki therapy training programme from Samrat Health Centre at Purasaivakam and obtained a certificate. The pilot study was conducted after getting ethical clearance and the permission from the Institute of Mental Health, Chennai. It was conducted for a period of one week (22.06.15 to 26.06.15). Samples of 10 depressive clients were selected by non-probability convenient sampling technique. Informed consent was obtained from the clients before collection of the data.

Data were collected from the depressive clients by structured questionnaire (BDI-II) before the implementation of Reiki therapy and after completion of Reiki therapy sessions. Pilot study samples are excluded in the main study.

3.14 Reliability of the tool

Following the pilot study reliability of the tool was assessed by using the split half method. Depression score reliability correlation coefficient r-value was 0.83. This correlation coefficient is very high and is a good tool to assess the effectiveness of Reiki therapy to reduce the level of depression among depressive clients at IMH, Chennai.

3.15. Data collection procedure

- Written permission obtained from the Director of Institute of Mental Health prior to the data collection procedure.
- After getting permission from acute ward in charge Medical Officer and staff nurse the data was collected from 60 depressive clients diagnosed with depression in both male and female wards at IMH from 16.7.2015 to 14.8.2015 (four weeks).
- Clients were selected according to the inclusion criteria.

- After explaining the nature, aims and objectives of the study an informed consent was obtained and confidentially was assured to the clients and their relatives.
- Pre Interventional data were collected through a demographic variables and standardized beck depression inventory questionnaires after obtaining the consent from the clients as Well as their relatives.
- In 60 participants, weekly 15 clients were selected for four weeks.
    - 1st week I have got 17 depressive clients in that two cases dropped out.2nd week I got 20 depressive clients, 4 cases did not believe Reiki. 3rd week I have got 15 depressive clients.4th week I got 17 clients, 3 clients got discharged.
- Reiki therapy was given for half an hour for 7 days by the investigator to each client. The procedure of Reiki therapy was explained to them with the help of pictures and videos of each step. During the Reiki treatments, the participants laid, fully clothed, on bed. The interventions were conducted by the investigator, using light touch on locations including the eyes, temples, back of head, throat, upper chest, upper and mid belly, proceeding to the back with the shoulders, upper, mid and lower back, and feet. Investigator held her hands on each location for 3 minutes. Following that the level of depression assessed through post -test after the 7 days of intervention.
- All the clients continued their identified medications.

Steps of Reiki therapy:

- warm up exercise
- breathing exercise
- point focus meditation
- energizing with Reiki

Intervention protocol

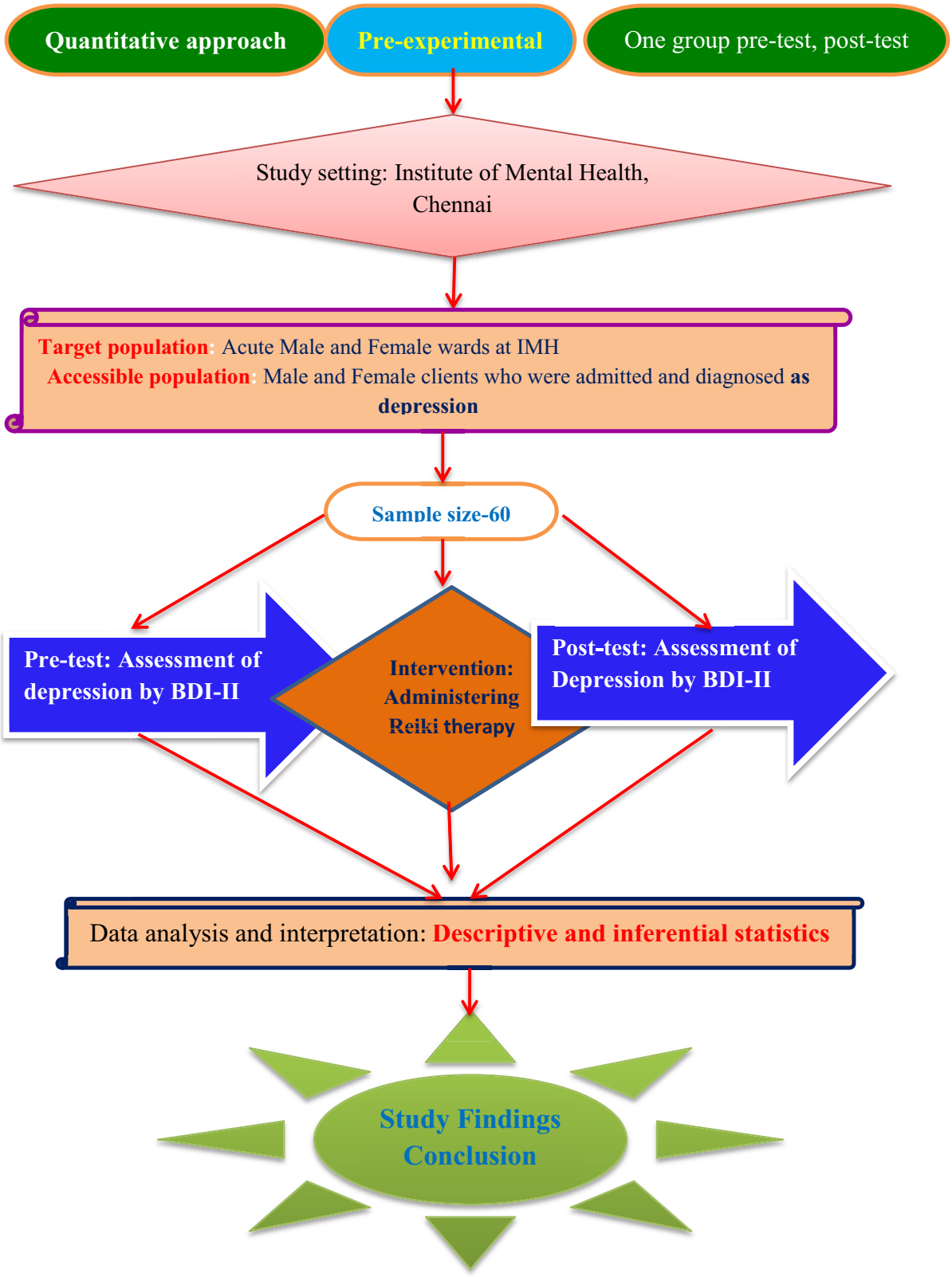
Place	: Acute wards of male and female at IMH
Intervention	: *Reiki therapy*: The investigator provided Reiki therapy by placing the hands on locations of the clients with gentle touch in lying or sitting posture according to clients comfort.
Tool	: Beck depression inventory -II
Duration	: 7 consecutive days
Time	: 30 minutes daily for each client
Frequency	: Once a day
Administered by	: Investigator
Recipient	: Depressive clients

3.15. Data entry and analysis

The data collected from the selected samples in the period of data collection has been organized, compiled in separate excel sheets and prepared for data analysis.

- Demographic variables in categories given in frequencies with their percentages.
- Depression score given in mean and standard deviation
- Quantitative depression score in pre-test and post-test ` will be compared using student's paired t-test
- Correlation between stress and attitude will be analysed by using by Karl Pearson's Correlation Coefficient Association between demographic variables and depression score analysed by using Chi-square test[57].

FIG 3.1: SCHEMATIC REPRESENTATION OF RESEARCH STUDY



Data analysis & Interpretation

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Analysis and interpretation of the data obtained from 60 depressive clients who were admitted at Institute of Mental Health, Chennai. The collected data were tabulated and presented according to the objectives under the following headings.

Section-A: Socio demographic variable of the depressive clients

Section-B: Depression level of the depressive clients before Reiki therapy

Section-C: Depression level of the depressive clients after Reiki therapy

Section-D: Effectiveness of Reiki therapy

Section-E: Associate the effectiveness Reiki therapy with selected demographic variables

Statistical analysis:

- Demographic variables in categories were given in frequencies with their percentages.
- Depression score were given in mean and standard deviation.
- Association between demographic variables and level of Depression reduction score were analyzed by using chi-square test
- Pre-test and post-test depression score were compared using student's paired t-test.
- Differences between pretest and post-test score were analyzed using proportion with 95% CI and mean difference with 95% CI. $P < 0.05$ was considered statistically significant.
- Simple bar diagram, multiple bar diagram, Doughnut diagram, Pie diagram and Box plot were used to represent the data.

Section: A. Socio demographic variable of the depressive clients

Table4.1: Distribution of socio demographic variables of depressive clients

S. No	Demographic variables		Frequency	in %
1	Age	15- 25 years	2	3.3
		26 -45 years	46	76.7
		46 -70 years	12	20.0
2	Gender	Male	18	30.0
		Female	42	70.0
3	Education	No formal education	4	6.6
		Primary education	15	25.0
		Secondary education	28	46.7
		Graduation	13	21.7
4	Religion	Hindu	54	90.0
		Muslim	3	5.0
		Christian	3	5.0
5	Marital status	Unmarried	39	65.0
		Married	19	31.7
		Separated/ Divorced	2	3.3
6	No of children	None	16	26.7
		1 – 2	35	58.3
		3 – 4	9	15.0
7	Type of family	Nuclear family	54	90.0
		Joint family	6	10.0
8	Occupation	Government	2	3.3
		Private	26	43.3
		Self-employed	14	23.4
		Agriculture	12	20.0
		Unemployment/house wife	6	10.0
9	Residence	Urban	28	46.7
		Rural	32	53.3
10	Family monthly Income	Less than Rs. 6000	17	28.3
		Rs.6000-10000	37	61.7
		Rs.10000-20000	6	10.0
11	Family history of psychiatric illness	Yes	3	5.0
		No	57	95.0
12	No. of times hospitalization	Once	43	71.7
		Twice	14	23.3
		Thrice	3	5.0
13	Source of information-Reiki	Friends	2	3.3
		None	58	96.7
14	Relaxation methods	Music	49	81.7
		Meditation	1	1.7
		Yoga	2	3.3
		Exercise	8	13.3

The demographic information of depressive clients who participated in the study is

- Seventy seven percentages of (76.7 %) of the clients in the ***age group of 26- 45*** years, followed by 20% who were in between 41 to 70 years and 3.3% were between 15 t0 20 years.
- Majority of the respondents were ***female*** (70.0%) and 30% of the clients were male.
- (46.7%) of the clients had ***higher secondary*** education, followed by 25% of clients got primary education and graduates 21% and 6.6% had no formal education.
- Religions: Ninety percentages of the clients were ***Hindus***, followed by Christians 5% and 5% of the clients were Muslim.
- Sixty five percent were ***unmarried*** (65.0%) 31 % were married clients and 3.3% of the clients were separated or divorced.
- Concerned with number of children, 58.3% had ***2 children***, 15% had 3 to 4 and 26.9% had no children.
- Clients from ***nuclear*** were 90%, and 10 % of the clients from joint families.
- According to their ***occupational status***, (43.3%) in private sector, 23.4% of the clients are self- employed, agriculture 20%, unemployment 10% and 3.3% of clients were government employee.
- Majority of the client's Family monthly income was between Rs 6000-10000 (61.7%), 28.3% of the clients had earnings below Rs 6000 and some clients were earning between Rs 10000-20000.
- Ninety five percentage (95%) of depressive clients have no ***family history of psychiatric illness*** and only 5% of had a family history of psychiatric illness.
- Seventy one percentage of clients got ***admitted*** once (71.7%), twice (23.3%) and thrice (5%).

- According to ***place of residence,*** 53.3% from rural area (and 46.7% of the participants from urban.
- ***Knowledge*** regarding Reiki: 96.7% of the respondents did not know regarding Reiki and 3.3% of the clients had information through their friends.
- Participants were relaxing themselves by music (81%), exercise 13.3%, and yoga 3.3% and meditation 1.7%.

Fig4.1: Age wise distribution of depressive clients

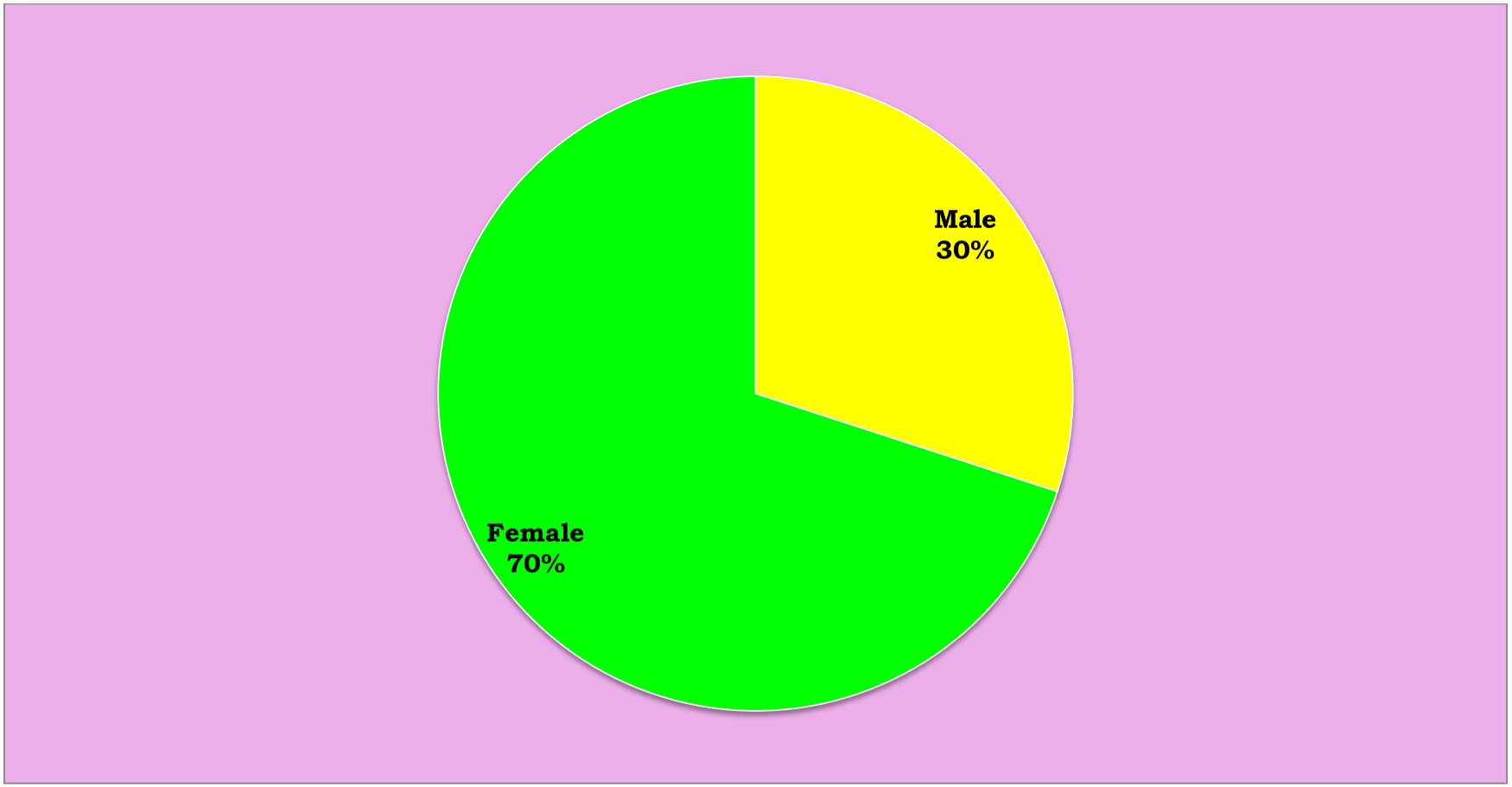


Fig4.2: Gender wise distribution of depressive clients

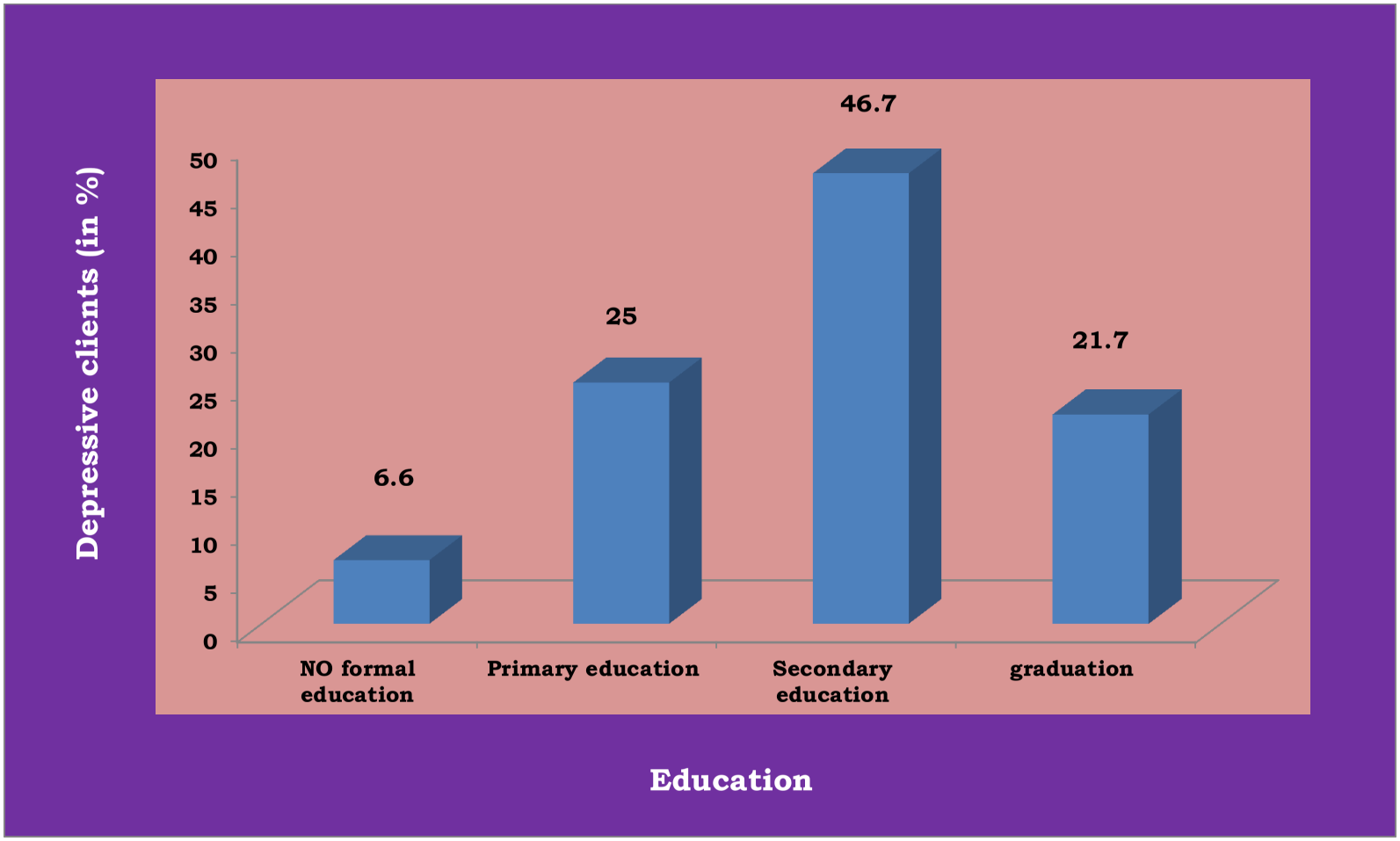


Fig4.3: Education wise distribution of depressive clients

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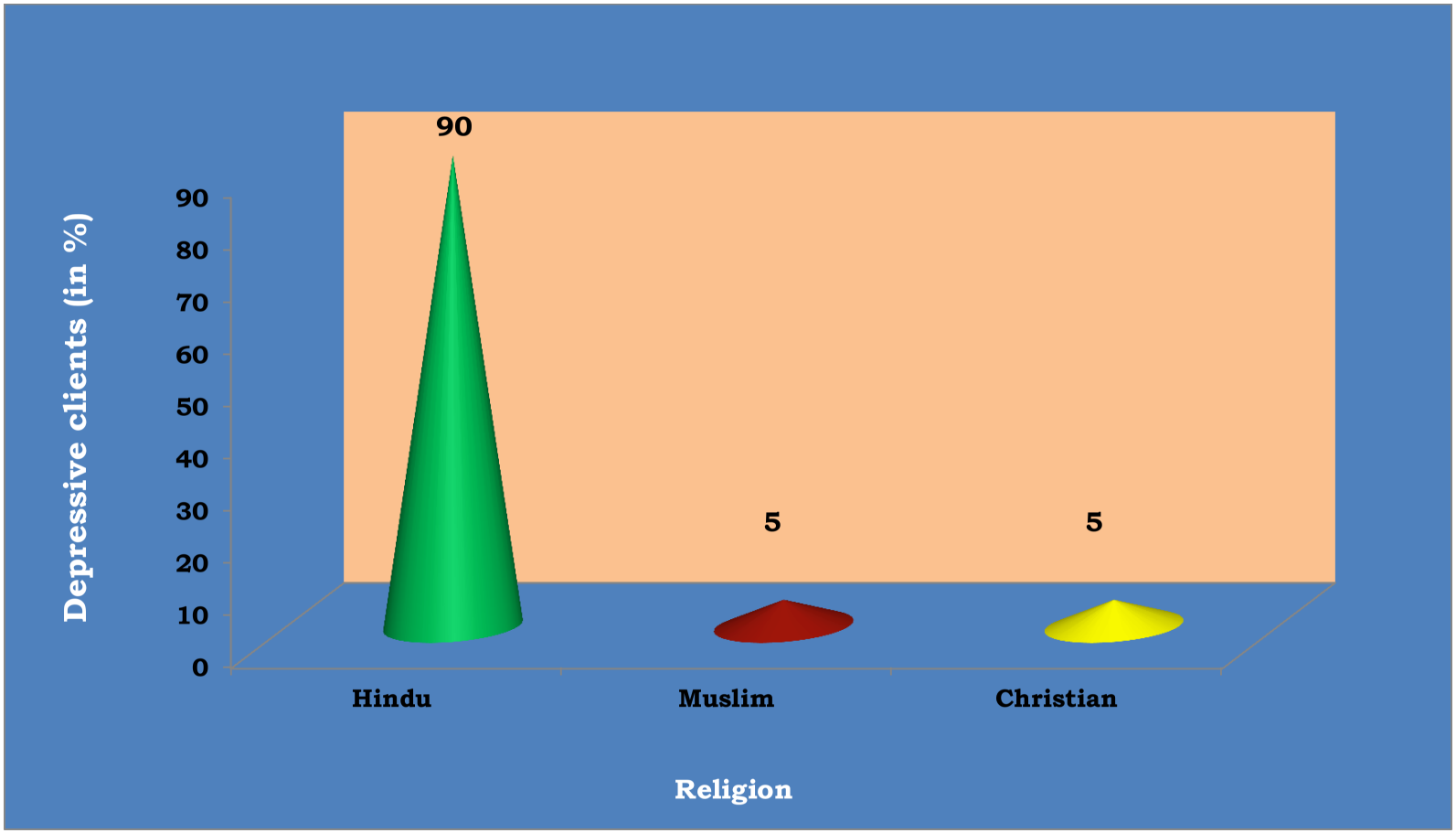

Fig4.4: Religion wise distribution of depressive clients

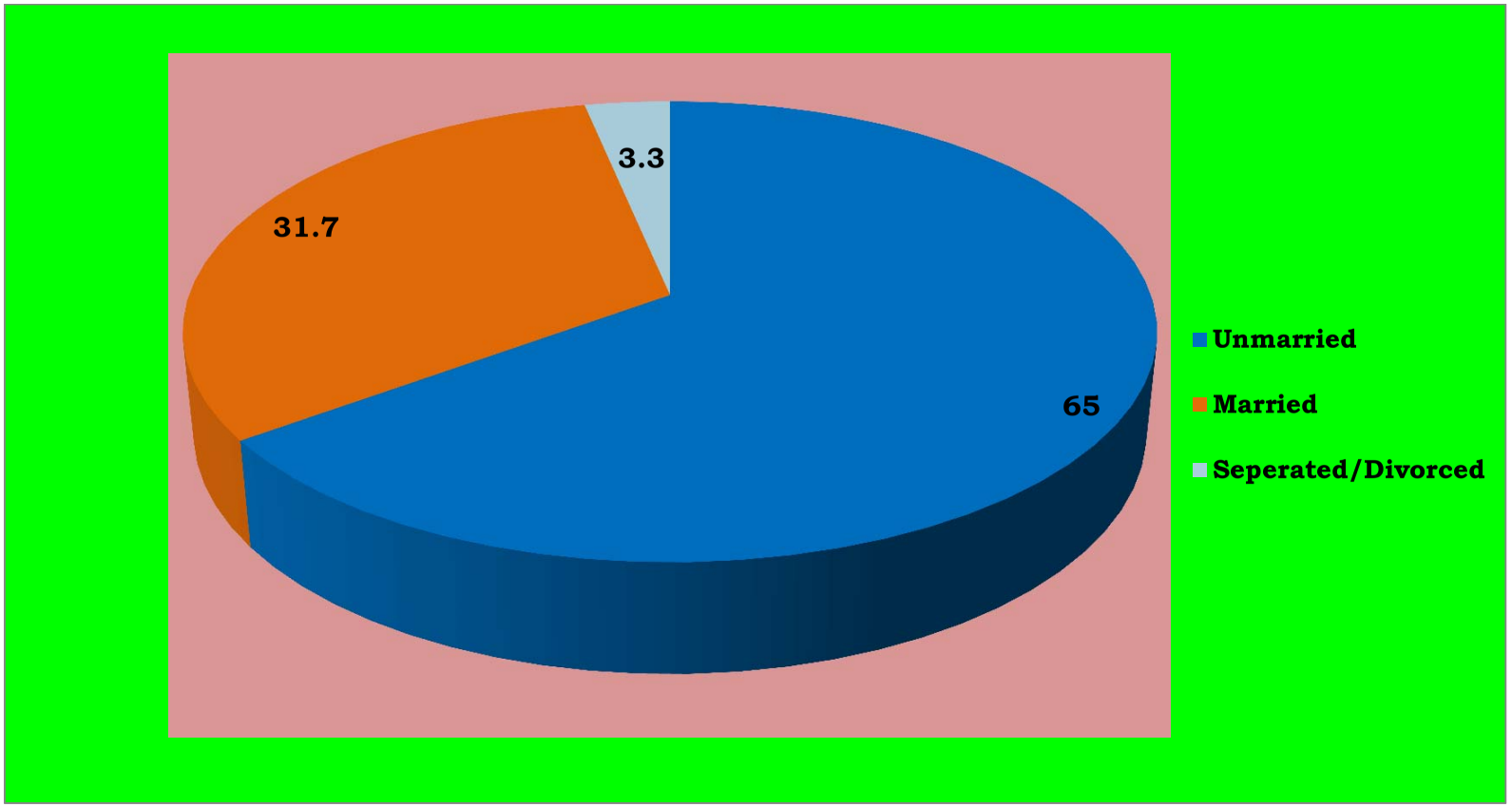

Fig 4.5: Marital status of depressive clients

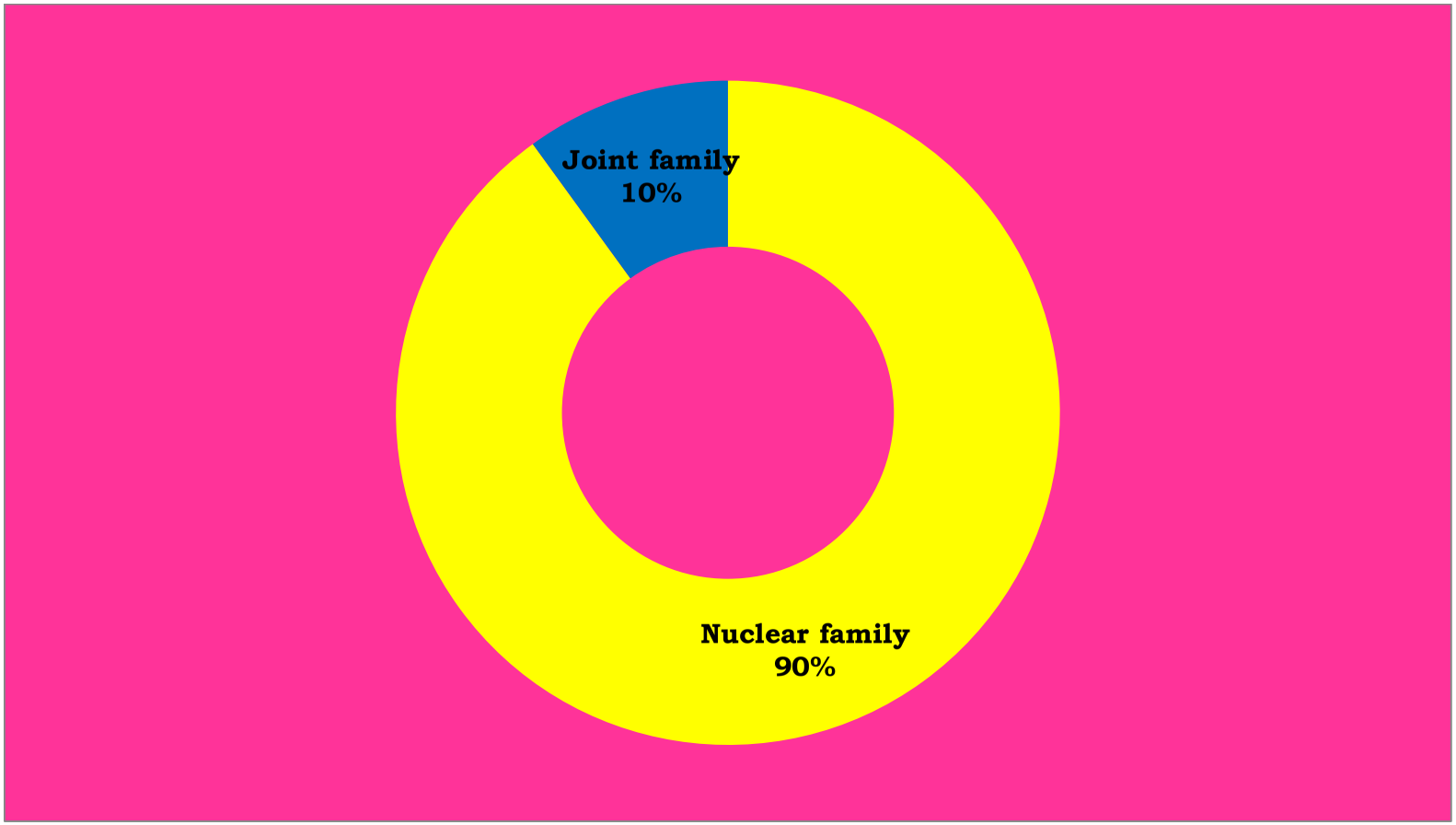

Fig4.6: Family type of depressive clients

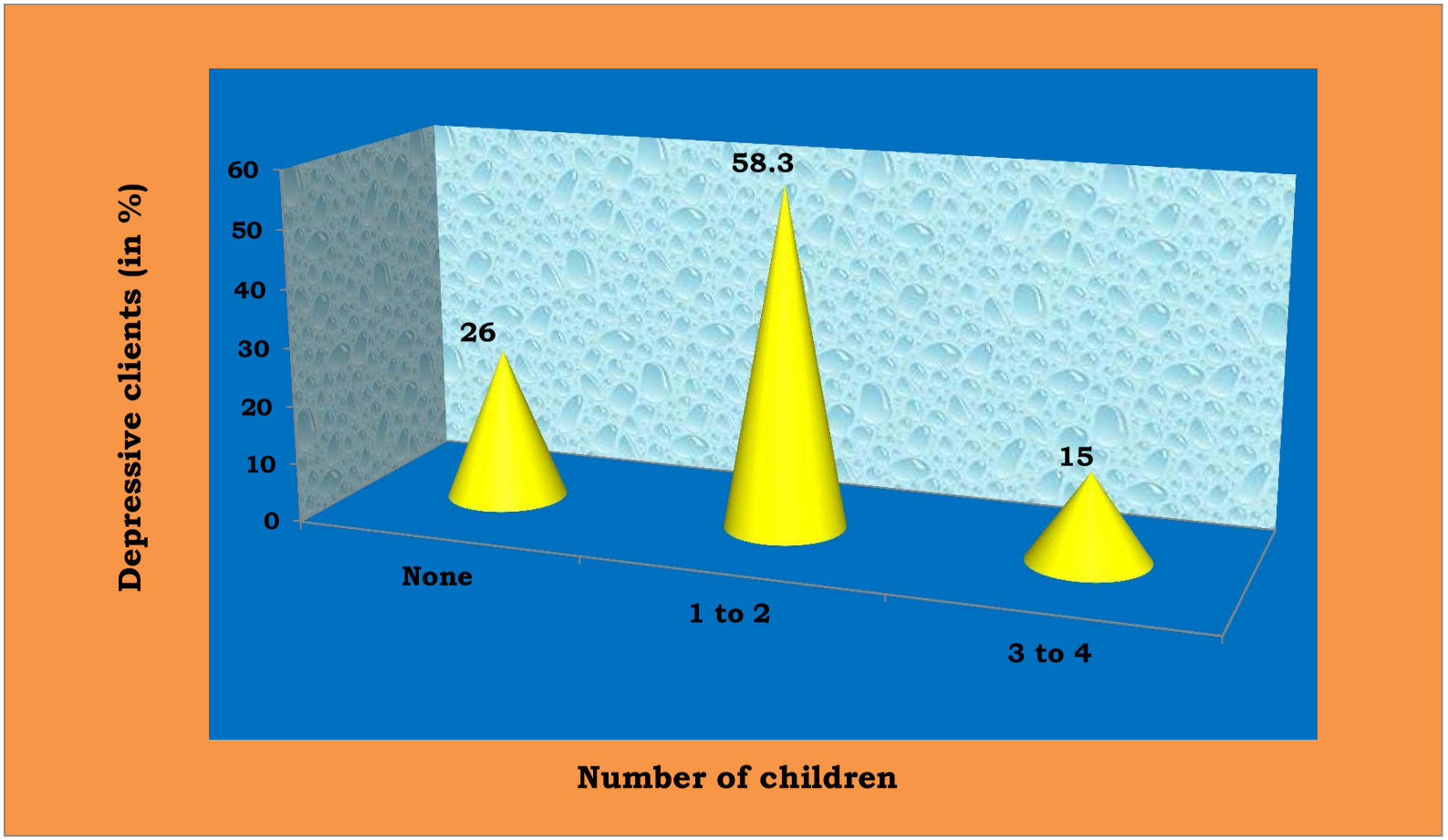

Fig4.7: Number of children of depressive clients

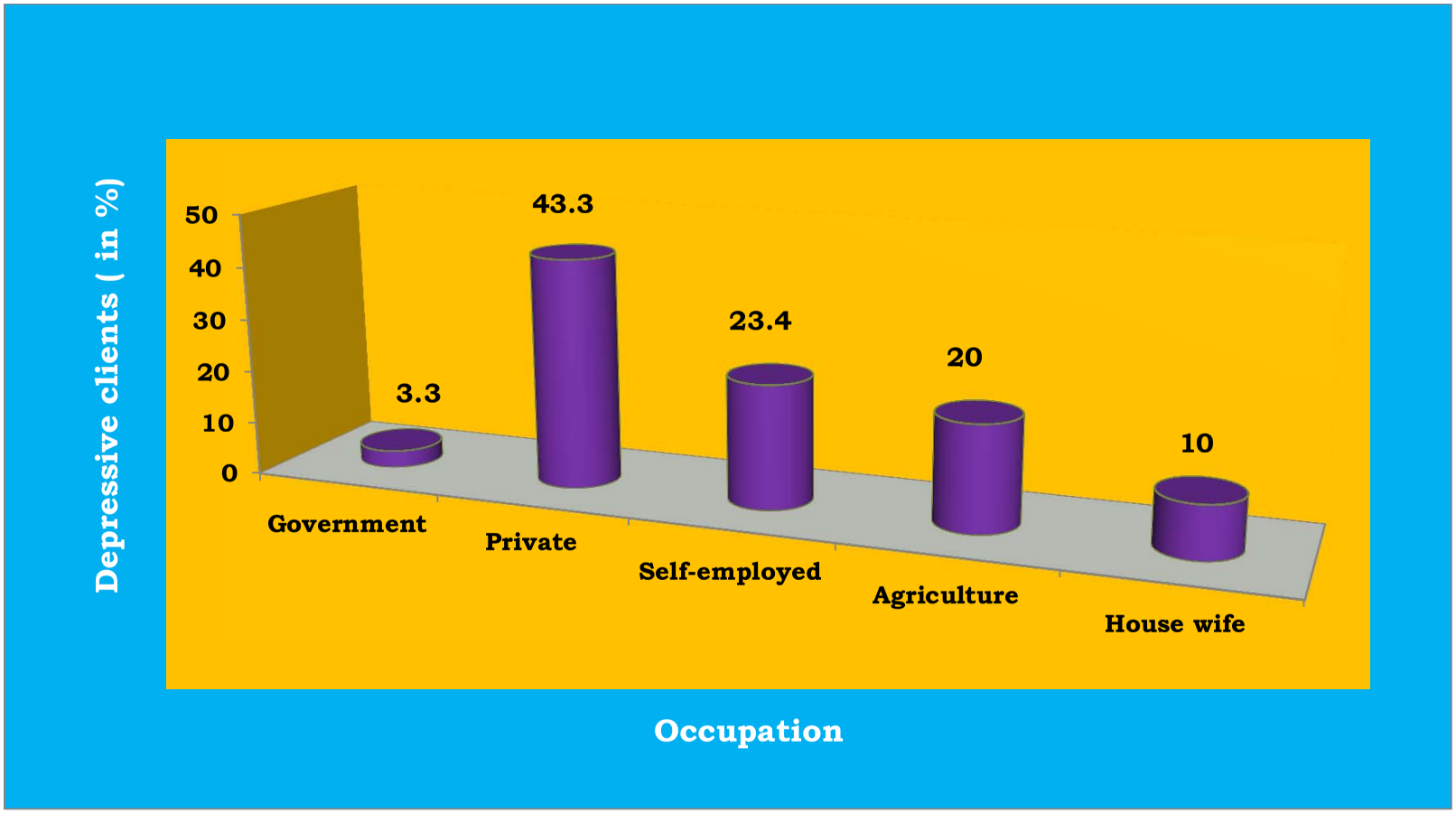

Fig 4.8: Occupation wise distribution of depressive clients

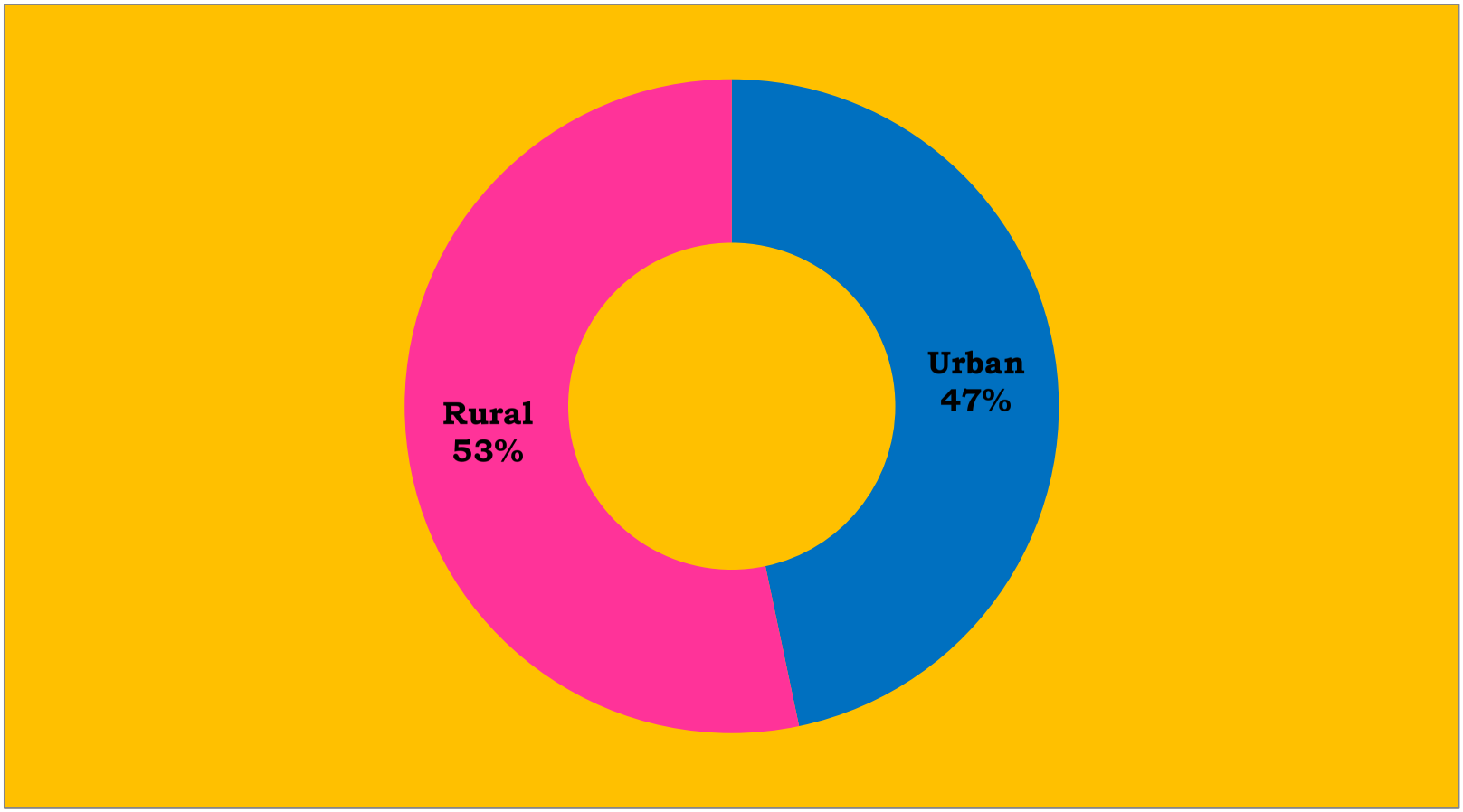

Fig4.9: Distribution of depressive clients by Place of residence

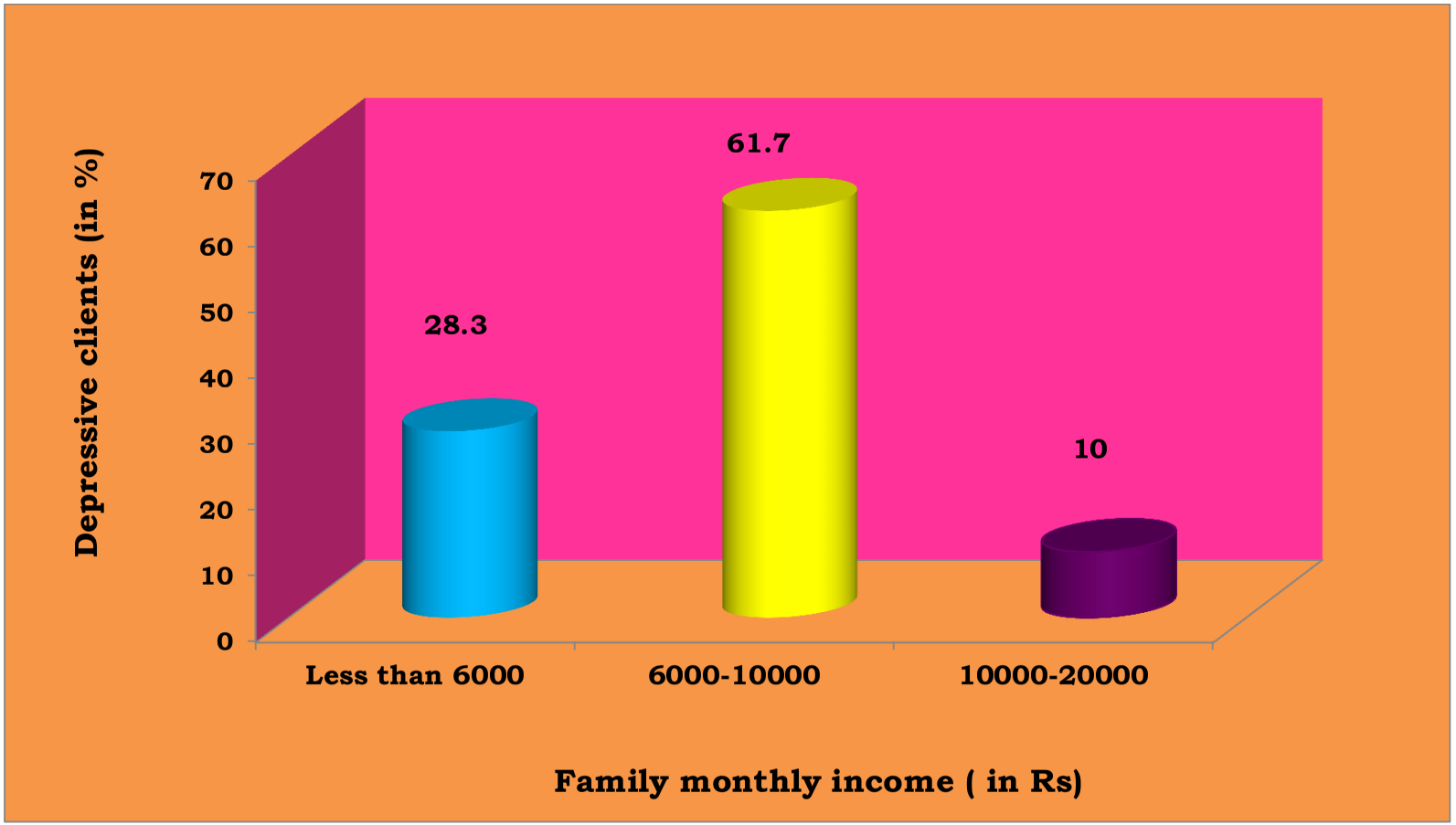

Fig4.10: Family monthly income of depressive clients

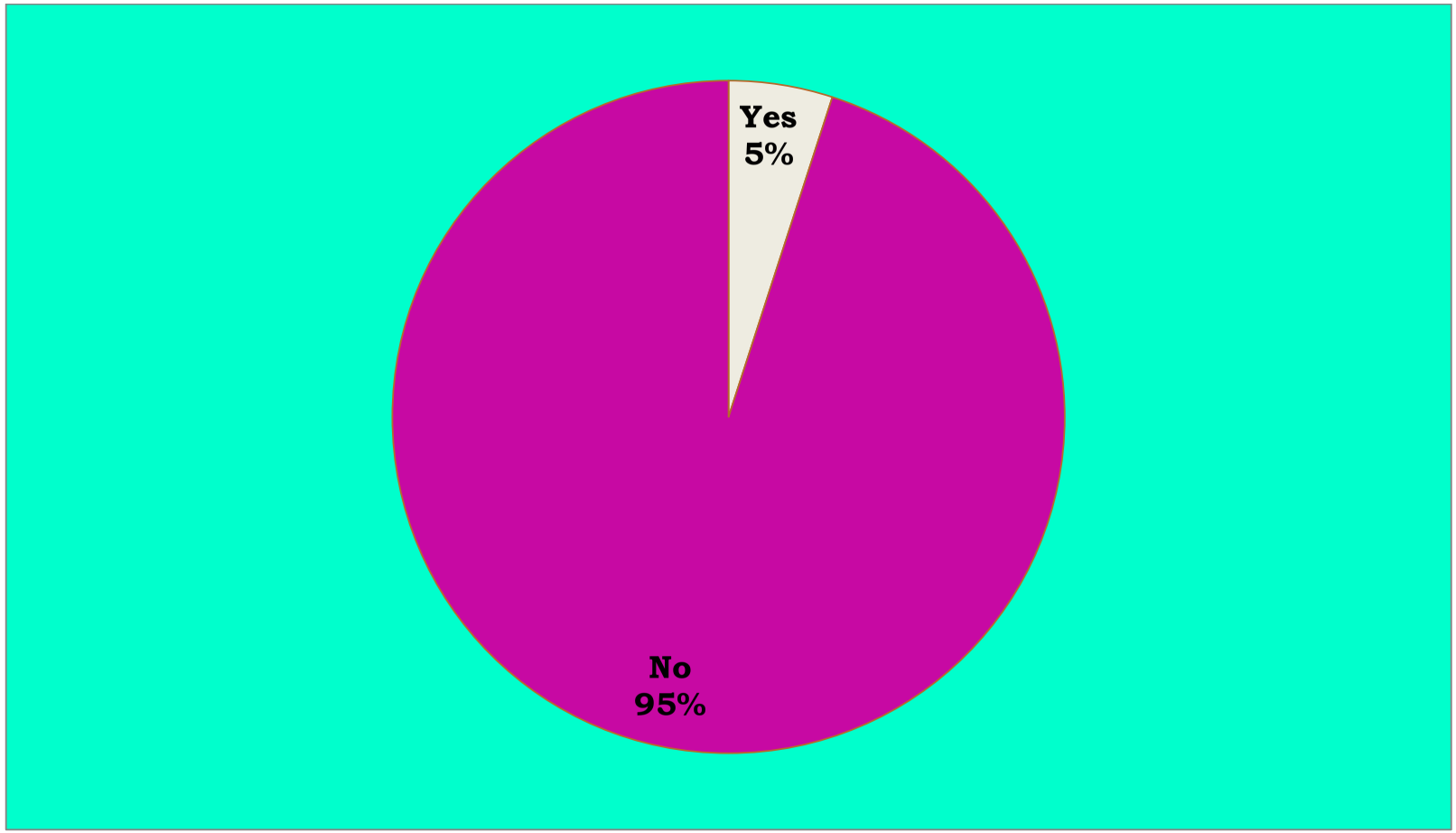

Fig4.11: Family history of psychiatric illness among depressive clients

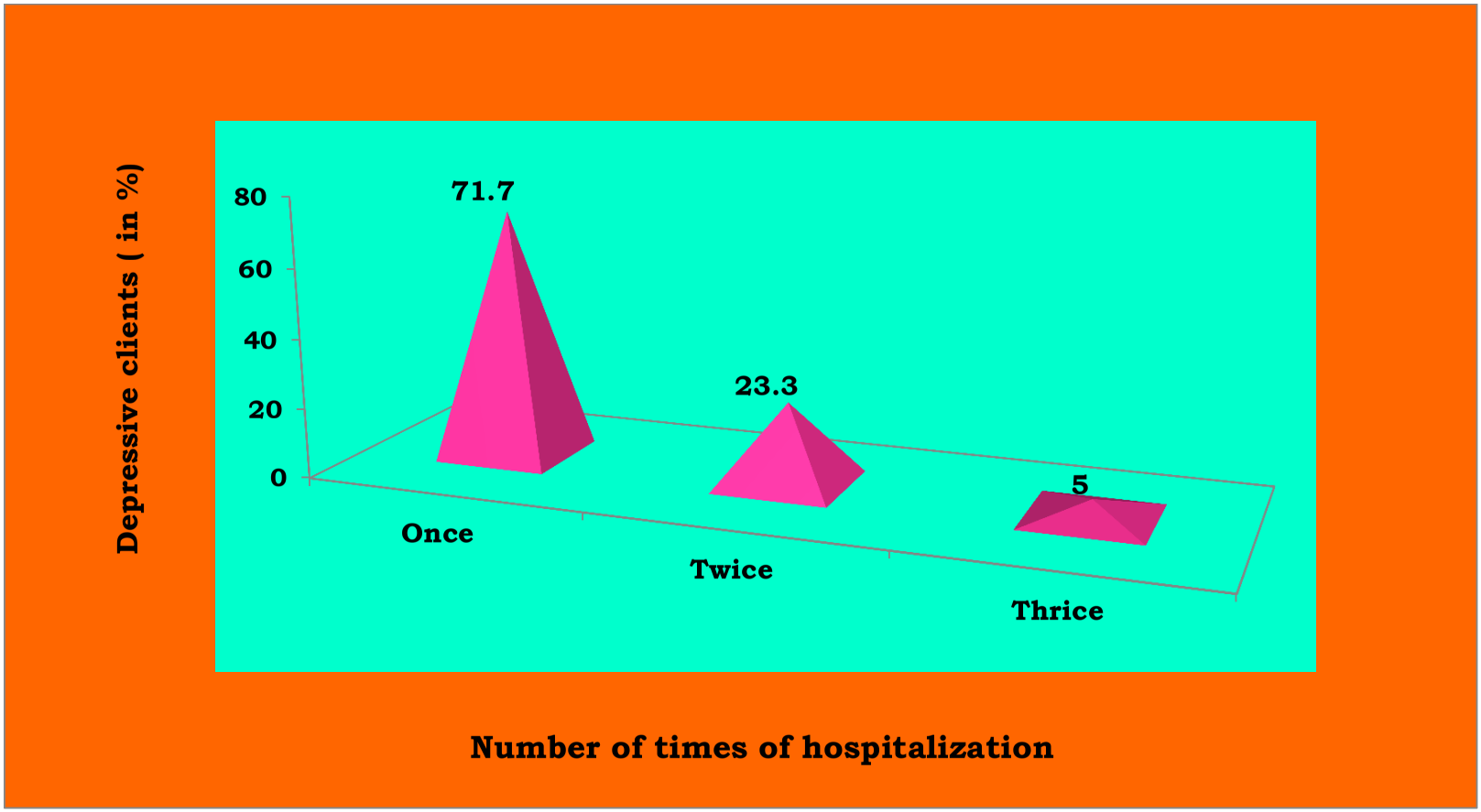

Fig4.12: Family history of psychiatric illness of depressive clients

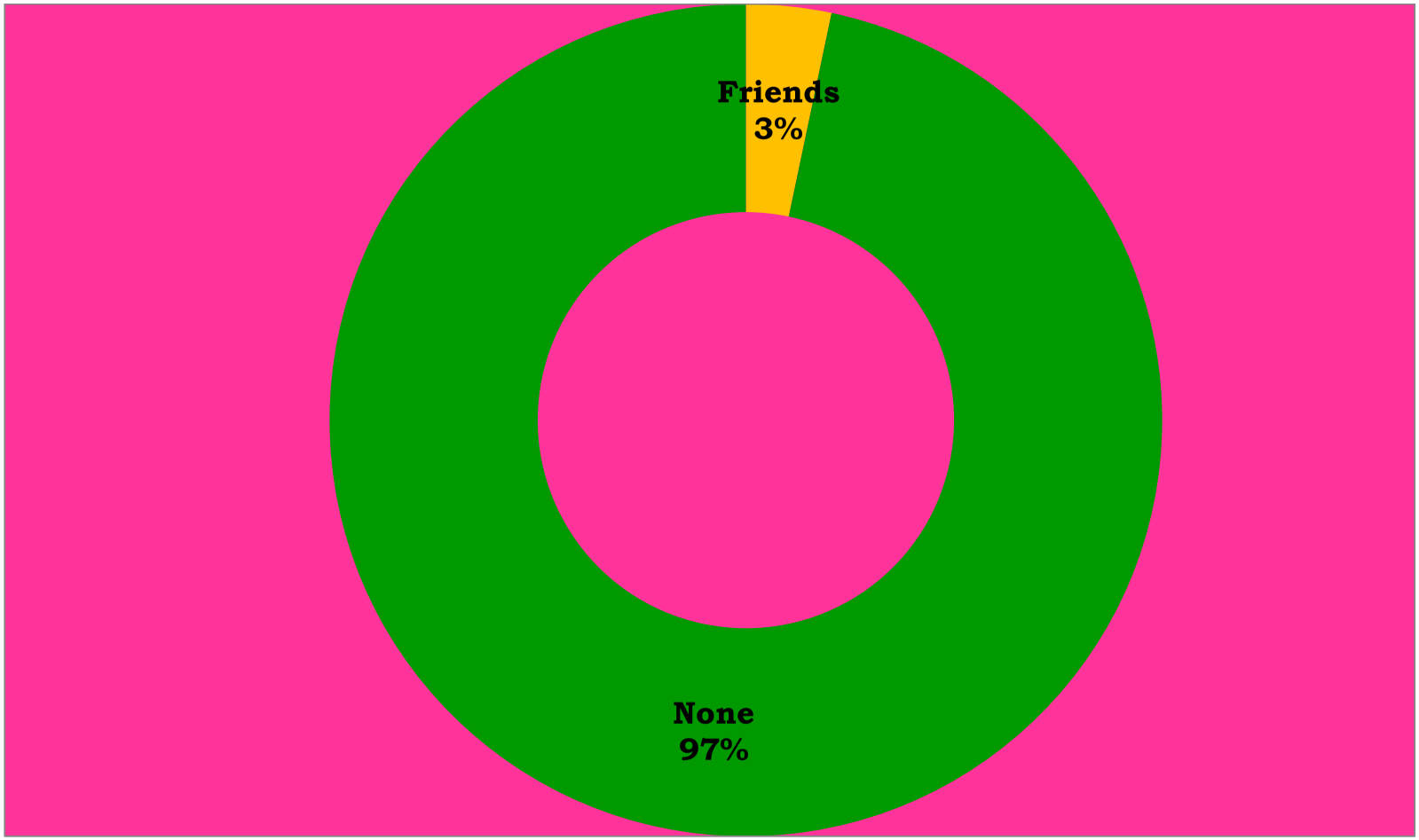

Fig4.13: Distribution of depressive clients- source of information

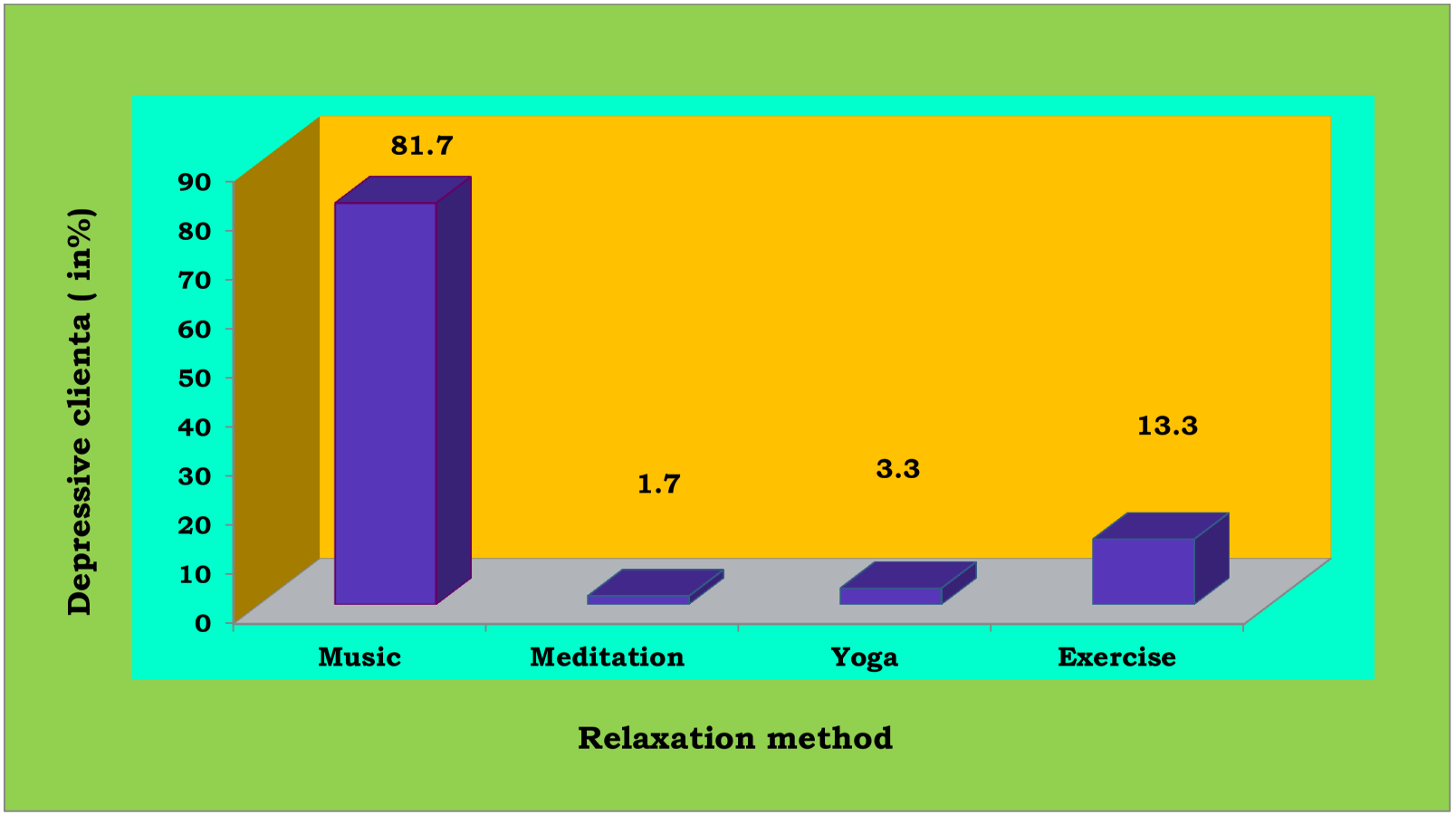

Fig4.14: Relaxation methods used by depressive clients

Section-B: Depression level of the depressive clients before Reiki therapy

Table 4.2: Pre-test level of depression score of depressive clients

SNO	Domains	Maximum score	Mean	Standard Deviation	Mean score (in %)
1	Sadness	3	1.93	.86	64.33
2	Pessimism	3	2.12	.85	70.67
3	Past Failure	3	1.45	.81	48.33
4	Loss of Failure	3	1.58	.72	52.67
5	Guilty feelings	3	1.20	.80	40.00
6	Punishment feelings	3	2.47	1.02	82.33
7	Self- dislike	3	2.20	.97	73.33
8	Self -criticalness	3	1.20	.68	40.00
9	Suicidal thoughts or wishes	3	2.00	.88	66.67
10	Crying	3	1.72	.69	57.33
11	Agitation	3	1.60	.67	53.33
12	Loss of interest	3	1.95	.77	65.00
13	Indecisiveness	3	1.57	.83	52.33
14	Worthlessness	3	1.43	.81	47.67
15	Loss of energy	3	1.93	1.02	64.33
16	Change in sleeping pattern	3	1.63	.82	54.33
17	Irritability	3	1.68	.79	56.0
18	Change in appetite	3	1.52	.83	50.67
19	Concentration difficulty	3	1.47	.75	49.00
20	Tiredness of fatigue	3	1.67	.73	55.67
21	Loss of interest in sex	3	1.57	1.16	52.33
	Total	**63**	**35.88**	**4.35**	**56.95**

Overall pre- test depression score is 56.95% among depressive clients at Institute of Mental Health. In those punishment feelings 82%, Pessimism71%, suicidal thoughts 67 %, loss of interest 67% and loss of energy64%.

Table 4.3: Pre-test level of depression score

Level of Depression	frequency	in %
Minimal	0	0.0
Mild	0	0.0
Moderate	10	16.7
Severe	50	83.3
Total	60	100

Pre-test level of Depression score of depressive clients at Institute of Mental Health before administering Reiki therapy. None of them had minimal depression score, none of them are having mild depression score, 16.7% of them had a moderate score and 83.3% of them severe depression score.

Score Interpretation: Scoring of standardized beck depression inventory (BDI-11)

Minimum score = 0 Maximum score =3 questions**= 21 Total score=63**

S no.	**Grade**	**score**
1.	Minimal Depression	0 -13
2	Mild Depression	14 -19
3	Moderate Depression	20 -28
4	Severe Depression	29 -63

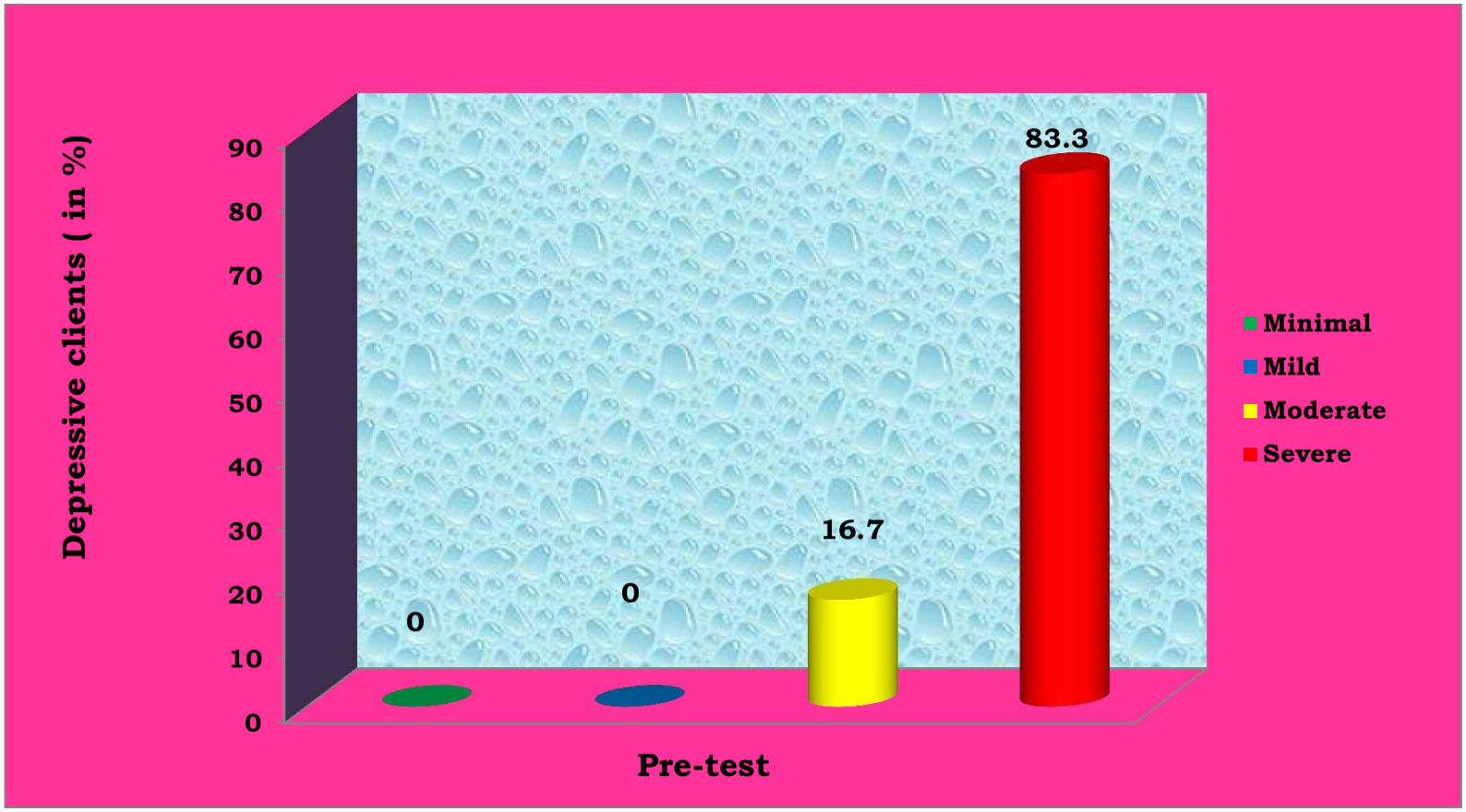

Fig: 4.15 Distribution of pre-test level of depression score of clients with depression

Section: C: Depression level of the depressive clients after Reiki therapy

Table 4.4: Post-test level of depression score of clients with depression

S.no	Domains	Maximum score	Mean	Standard Deviation	Mean score (in %)
1	Sadness	3	1.02	.62	34.0
2	Pessimism	3	.87	.70	29.0
3	Past Failure	3	.97	.66	32.3
4	Loss of Failure	3	.93	.63	31.0
5	Guilty feelings	3	.58	.79	19.3
6	Punishment feelings	3	1.07	.61	35.7
7	Self-dislike	3	.98	.72	32.7
8	Self-criticalness	3	.83	.72	27.7
9	Suicidal thoughts or wishes	3	.53	.77	17.7
10	Crying	3	.48	.77	16.0
11	Agitation	3	1.10	.60	36.7
12	Loss of interest	3	.87	.75	29.0
13	Indecisiveness	3	1.10	.57	36.7
14	Worthlessness	3	.97	.61	32.3
15	Loss of energy	3	.97	.71	32.3
16	Change in sleeping pattern	3	1.07	.73	35.7
17	Irritability	3	.95	.65	31.7
18	Change in appetite	3	.70	.87	23.3
19	Concentration difficulty	3	1.07	.58	35.7
20	Tiredness of fatigue	3	.90	.84	30.0
21	Loss of interest in sex	3	.87	.77	29.0
	Total	**63**	**18.82**	**3.64**	**29.9**

Each question wise post-test depression score of among depressive clients at IMH. On an average 29.9% of them are seen having depression after receiving Reiki therapy.

. In those punishment feelings 36%, Pessimism29%, suicidal thoughts 17.7 %, loss of interest 29% and loss of energy 32%.

Table4. 5: Post-test level of depression score of clients with depression

Level of Depression	frequency	in %
Minimal	10	16.7
Mild	21	35.0
Moderate	29	48.3
Severe	0	0.0
Total	**60**	**100**

Post-test level of Depression score of depressive clients at Institute of Mental Health after administering Reiki therapy. 16.7% of them had minimal depression score, 35.0% of them mild depression score, 48.3% of them moderate score and none of them had severe depression score.

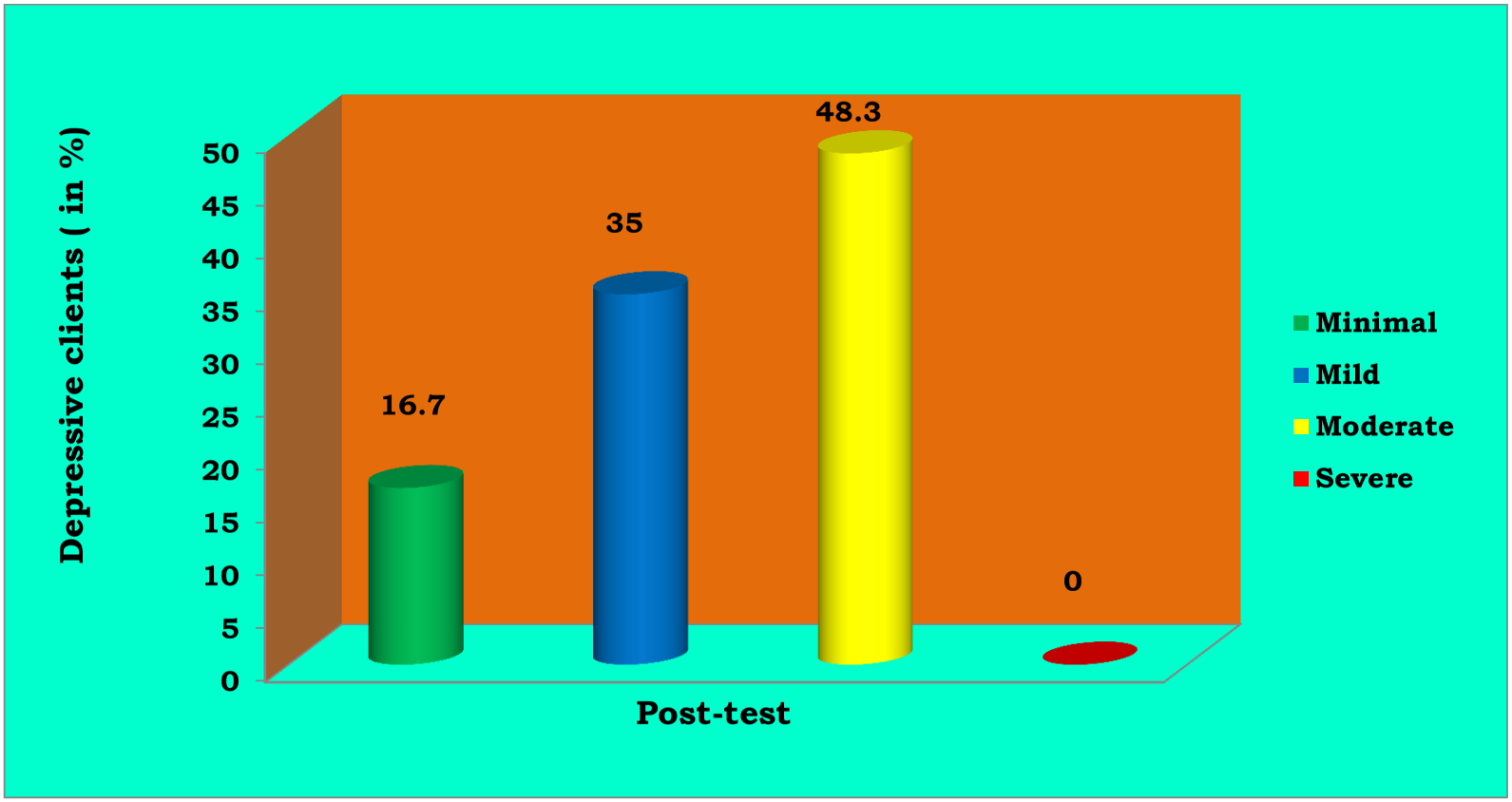

Fig: 4.16 Distribution of post-test level of depression score

Section: D: Effectiveness of Reiki therapy

Table4.6: Comparison of pre-test and post-test depression score

SNO	Domains	Pre-test		Post-test		Difference	paired 't' test	P Value
		Mean	SD	mean	SD			
1	Sadness	1.93	.86	1.02	.62	0.91	t=7.66	p=0.001***
2	Pessimism	2.12	.85	.87	.70	1.25	t=9.50	p=0.001***
3	Past Failure	1.45	.81	.97	.66	0.48	t=4.11	p=0.001***
4	Loss of Failure	1.58	.72	.93	.63	0.65	t=6.71	p=0.001***
5	Guilty feelings	1.20	.80	.58	.79	0.62	t=4.38	p=0.001***
6	Punishment feelings	2.47	1.02	1.07	.61	1.4	t=8.96	p=0.001***
7	Self- dislike	2.20	.97	.98	.72	1.22	t=9.18	p=0.001***
8	Self- criticalness	1.20	.68	.83	.72	0.37	t=3.21	p=0.001***
9	Suicidal thoughts or wishes	2.00	.88	.53	.77	1.47	t=10.21	p=0.001***
10	Crying	1.72	.69	.48	.77	1.24	t=10.51	p=0.001***
11	Agitation	1.60	.67	1.10	.60	0.5	t=9.06	p=0.001***
12	Loss of interest	1.95	.77	.87	.75	1.08	t=10.74	p=0.001***
13	Indecisiveness	1.57	.83	1.10	.57	0.47	t=3.55	p=0.001***
14	Worthlessness	1.43	.81	.97	.61	0.46	t=3.90	p=0.001***
15	Loss of energy	1.93	1.02	.97	.71	0.96	t=4.27	p=0.001***
16	Change in sleeping pattern	1.63	.82	1.07	.73	0.56	t=5.64	p=0.001***
17	Irritability	1.68	.79	.95	.65	0.73	t=6.75	p=0.001***
18	Change in appetite	1.52	.83	.70	.87	0.82	t=6.22	p=0.001***
19	Concentration difficulty	1.47	.75	1.07	.58	0.4	t=3.90	p=0.001***
20	Tiredness of fatigue	1.67	.73	.90	.84	0.77	t=5.09	p=0.001***
21	Loss of interest in sex	1.57	1.16	.87	.77	0.7	t=4.15	p=0.001***

- *Significant at $P \leq 0.05$
- ** Highly significant at $P \leq 0.01$
- *** Very high significant at $P \leq 0.001$)

Maximum reduction in “Suicidal thoughts or wishes” and minimum reduction score in “Concentration difficulty”

Table 4.7: Comparison of overall mean depression score

	No. of clients	Mean ± SD	Mean Difference	Student’s paired t-test
Pre-test	60	35.88 ± 4.35	28.47	t=28.74 P=0.001***
Post-test	60	18.82± 3.64		

- *Significant at $P \leq 0.05$
- ** Highly significant at $P \leq 0.01$,
- *** Very high significant at $P \leq 0.001$)

Comparison of overall depression scores between pre-test and post-test. In pre-test, clients are seen having 35.88 score where as in post-test they are having 18.82 score, so the difference is 28.47. This difference between pre-test and post-test is large and it is statistically significant. Differences between pre-test and post-test score were analysed using paired t-test.

Table 4.8: Comparison of pre-test and post-test score of depression

Level of DEPRESSION	Pre-test		Post-test		Chi-square test
	No. of patients	%	No. of patients	%	
Minimal	0	0.0	10	16.7	$\chi 2=90.25$
Mild	0	0.0	21	35.0	P=0.001***
Moderate	10	16.7	29	48.3	
Severe	50	83.3	0	0.0	
Total	**60**	**100**	**60**	**100**	

- Significant at $P \leq 0.05$
- ** Highly significant at $P \leq 0.01$
- *** Very high significant at $P \leq 0.001$

Prior to Reiki therapy, none of them is seen having minimal depression score, none of them is having mild depression score, 16.7% of them are having moderate score and 83.3% of them are having severe depression score.

After Reiki therapy 16.7% of them are having seen minimal depression score after Reiki therapy 35.0% of them mild depression score, 48.3% of them moderate score Chi-square test was used to test the statistical significance.

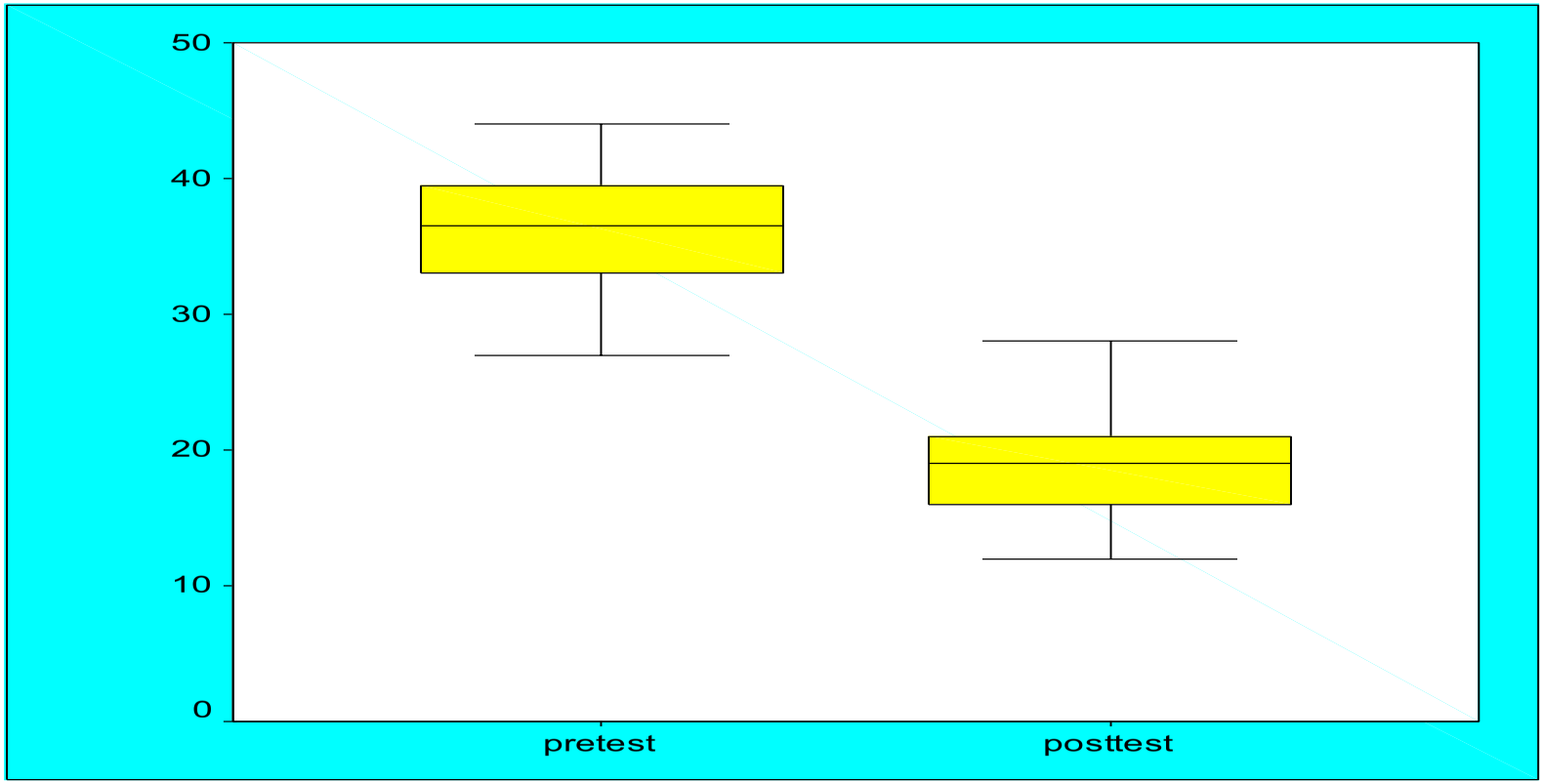

Fig 17: comparison pre-test and post-test Depression score among depressive clients

Table4.9. Depression reduction score of depressive clients after Reiki intervention

SNO	Questions	Pre-test (in %)	Post-test (in %)	Depression reduction score (in %)
1	Sadness	64.3	34.0	30.3
2	Pessimism	70.7	29.0	41.7
3	Past Failure	48.3	32.3	16.0
4	Loss of Failure	52.7	31.0	21.7
5	Guilty feelings	40.0	19.3	20.7
6	Punishment feelings	82.3	35.7	46.6
7	Self-dislike	73.3	32.7	40.6
8	Self-criticalness	40.0	27.7	12.3
9	Suicidal thoughts or wishes	66.7	17.7	49.0
10	Crying	57.3	16.0	41.3
11	Agitation	53.3	36.7	16.6
12	Loss of interest	65.0	29.0	36.0
13	Indecisiveness	52.3	36.7	15.6
14	Worthlessness	47.7	32.3	15.4
15	Loss of energy	64.3	32.3	32.0
16	Change in sleeping pattern	54.3	35.7	18.6
17	Irritability	56.0	31.7	24.3
18	Change in appetite	50.7	23.3	27.4
19	Concentration difficulty	49.0	35.7	13.3
20	Tiredness of fatigue	55.7	30.0	25.7
21	Loss of interest in sex	52.3	29.0	23.3
	OVERALL	**57.0**	**29.9**	**27.1**

Each question wise depression reduction score. Overall, 27.1 % showed reduction in depressive clients after Reiki therapy. Maximum reduction in suicidal thoughts.

Table 4.10: Effectiveness of Reiki therapy

	Max score	Mean depression score	Mean Difference in depression score with 95% Confidence interval	Percentage of depression reduction score with 95% Confidence interval
Pre-test	63	35.88	17.07(15.87– 18.27)	27.1 (25.2 –29.0)
Post-test	63	18.82		

A comparison of overall depression scores between pre-test and post-test. On an average, in post-test, 27.1% of reduction in depression score after implementing Reiki therapy. Differences between pre-test and post-test score were analysed using percentage with 95% CI and mean difference with 95% CI.

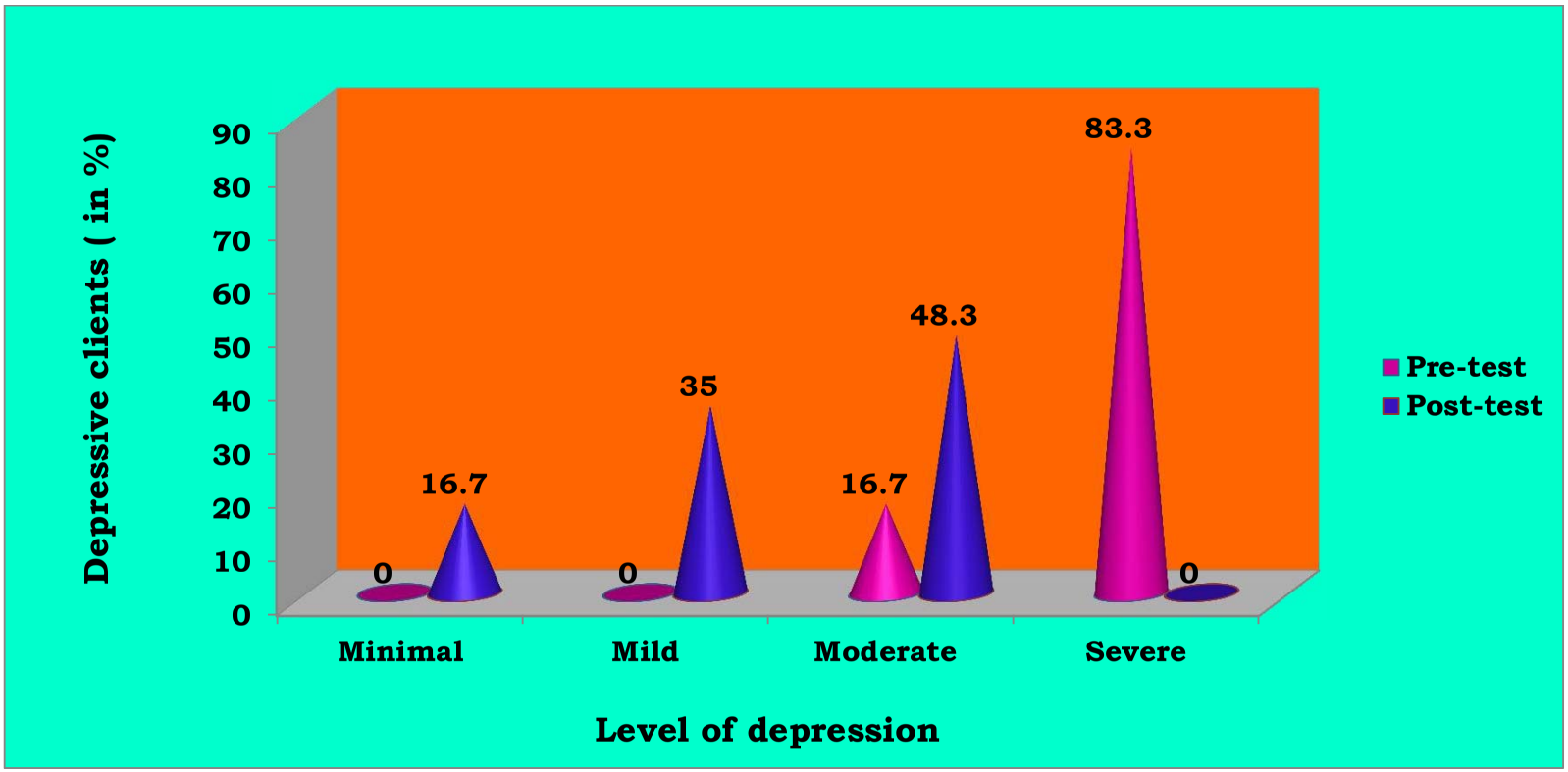

Fig: 4.18 Effectiveness of Reiki therapy

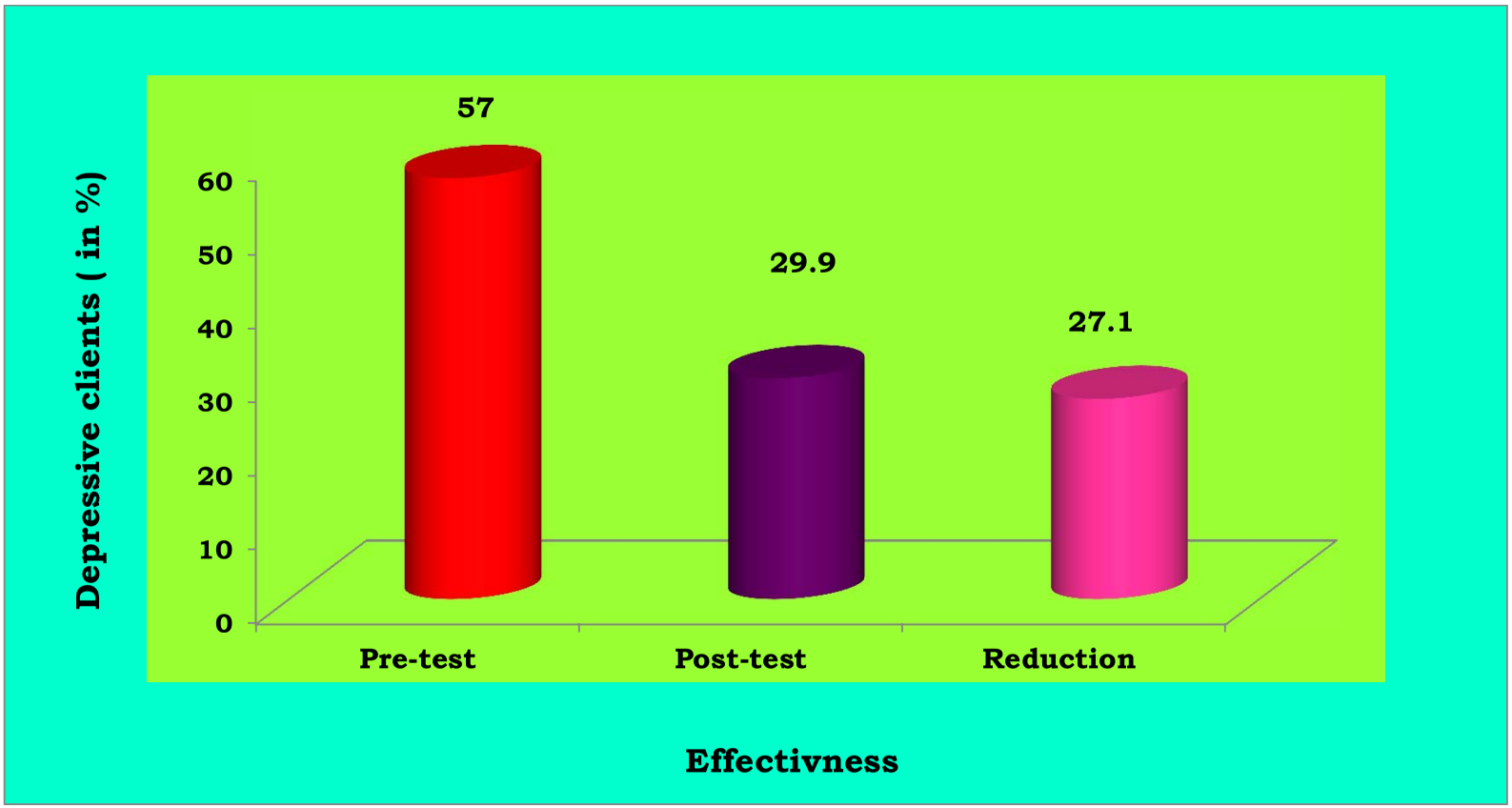

Fig: 4.19 over all pre-test and post-test depression score among depressive clients

Section: E: Associate the effectiveness Reiki therapy with selected demographic variables

Table 4.11: Association between level of depression reduction score and demographic variables depressive clients

S.No	Demographic variables		Level of Depression reduction score				Total	Chi square test
			Below average (≤17.07)		Above average (>17.07)			
			Frequency	%	Frequency	%		
1	Age	15- 25 years	2	100.0	0	0.0	2	**χ2=8.11 p=0.02* DF=2**
		26 -45 years	26	56.5	20	43.5	46	
		46 -70 years	2	16.7	10	83.3	12	
2	Gender	Male	10	55.6	8	44.4	18	χ2=0.31 P=0.57DF=1
		Female	20	47.6	22	52.4	42	
3	Education	No formal education	3	75.0	1	25.0	4	**χ2=8.17 P=0.05* DF=3**
		Primary education	11	73.3	4	26.7	15	
		Secondary education	13	46.4	15	53.6	28	
		Graduation	3	23.1	10	76.9	13	
4	Religion	Hindu	25	46.3	29	53.7	54	χ2=3.63 P=0.17 DF=2
		Muslim	2	66.7	1	33.3	3	
		Christian	3	100.0	0	0.0	3	
5	Marital status	Unmarried	18	46.2	21	53.8	39	χ2=0.70 P=0.70 DF=2
		Married	11	57.9	8	42.1	19	
		Separated/ Divorced	1	50.0	1	50.0	2	
6	No of children	None	9	56.3	7	43.8	16	χ2=0.39 P=0.82 DF=2
		1 – 2	17	48.6	18	51.4	35	
		3 – 4	4	44.4	5	55.	9	
7	Type of family	Nuclear family	29	53.7	25	46.3	54	χ2=2.96 P=0.09 DF=1
		Joint family	1	16.7	5	83.3	6	
8	Occupation	Government	1	50.0	1	50.0	2	χ2=5.75 p=0.21 DF=4
		Private	15	57.7	11	42.3	26	
		Self-employed	5	35.7	9	64.3	14	
		Agriculture	4	33.3	8	66.7	12	
		Unemployment/house wife	5	83.3	1	16.7	6	
9	Residence	Urban	10	35.7	18	64.3	28	**χ2=4.28 p=0.04*DF=1**
		Rural	20	62.5	12	37.5	32	
10	Family Monthy Income	Less than Rs. 6000	13	76.4	4	24.6	17	**χ2=8.11 P=0.02* DF=2**
		Rs.6000-10000	16	43.2	21	56.8	37	
		Rs.10000-20000	1	16.7	5	83.3	6	
11 11	Family history of psychiatric illness	Yes	0	0.0	3	100	3	χ2=3.15 p=0.08DF=1
		No	30	52.6	27	47.4	57	
12	No. of times hospitalization	Once	21	48.8	22	51.2	43	χ2=0.35 p=0.87 DF=2
		Twice	7	50.0	7	50.0	14	
		Thrice	2	66.7	1	33.3	3	
13	Source of information-reiki	Friends	1	50.0	1	50.0	2	χ2=0.00 p=1.00 DF=1
		None	29	50.0	29	50.0	58	
14	Relaxation methods	Music	22	44.9%	27	55.1	49	χ2=6.01 p=0.11 DF=3
		Meditation	0	0.	1	100.	1	
		Yoga	1	50.0	1	50.0	2	
		Exercise	7	87.5	1	12.5	8	

- Significant at $P \leq 0.05$

Depression reduction score= pre-test-post-test

The association between the levels of Depression score associated with diverse socio demographic variables of client groups. It identifies that elders, urban and high earning and educated clients are significant. Statistical significance was calculated using chi square test.

There exists a non-significant association with gender, religion, marital status, number of children, type of family occupational status, family history of psychiatric illness, number of times hospitalization, source of information and relaxation methods

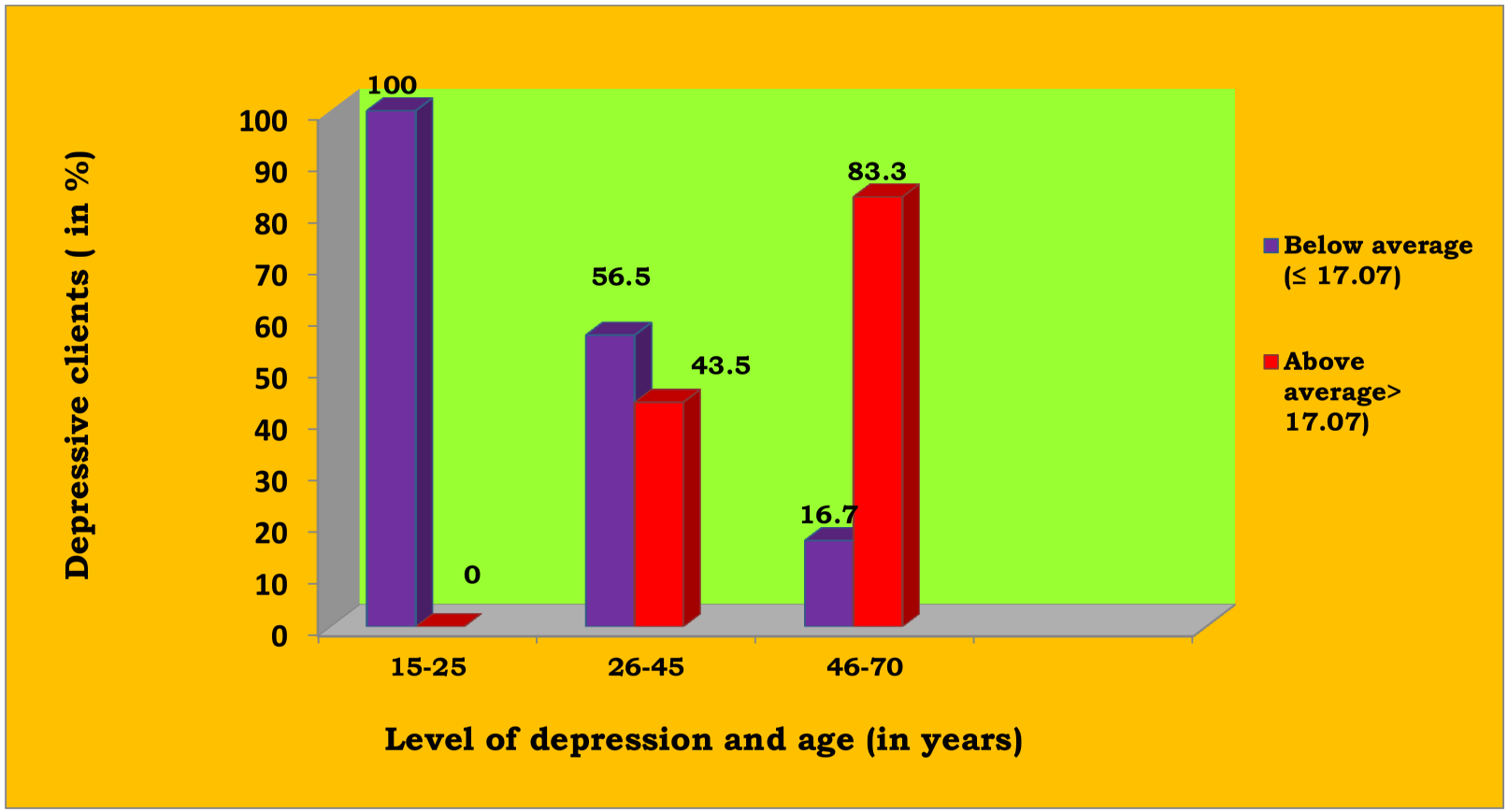

Fig.4.20: Association between level of depression reduction score and age of depressive clients

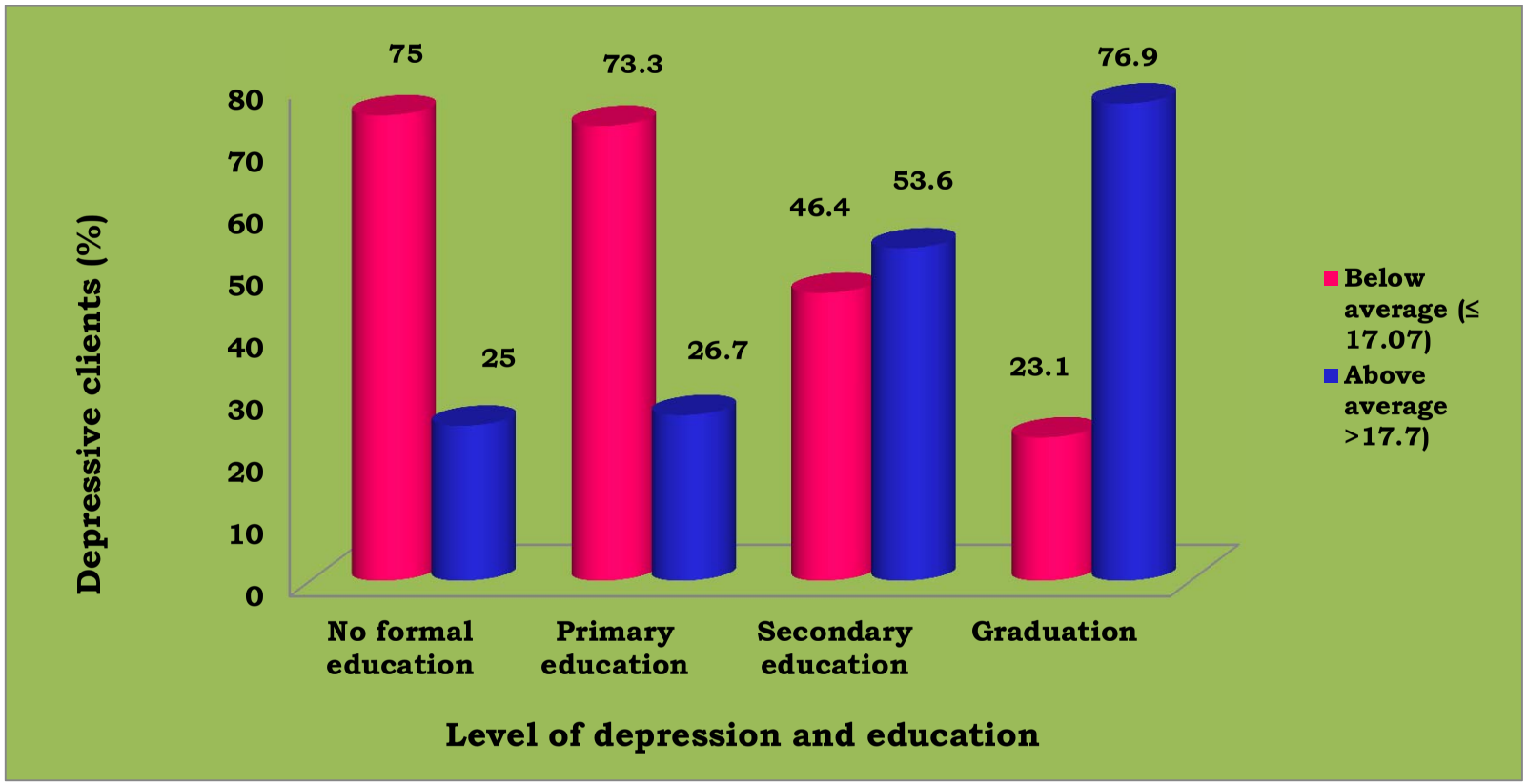

Fig4. 21: Association between level of depression reduction score and education status of the depressive clients

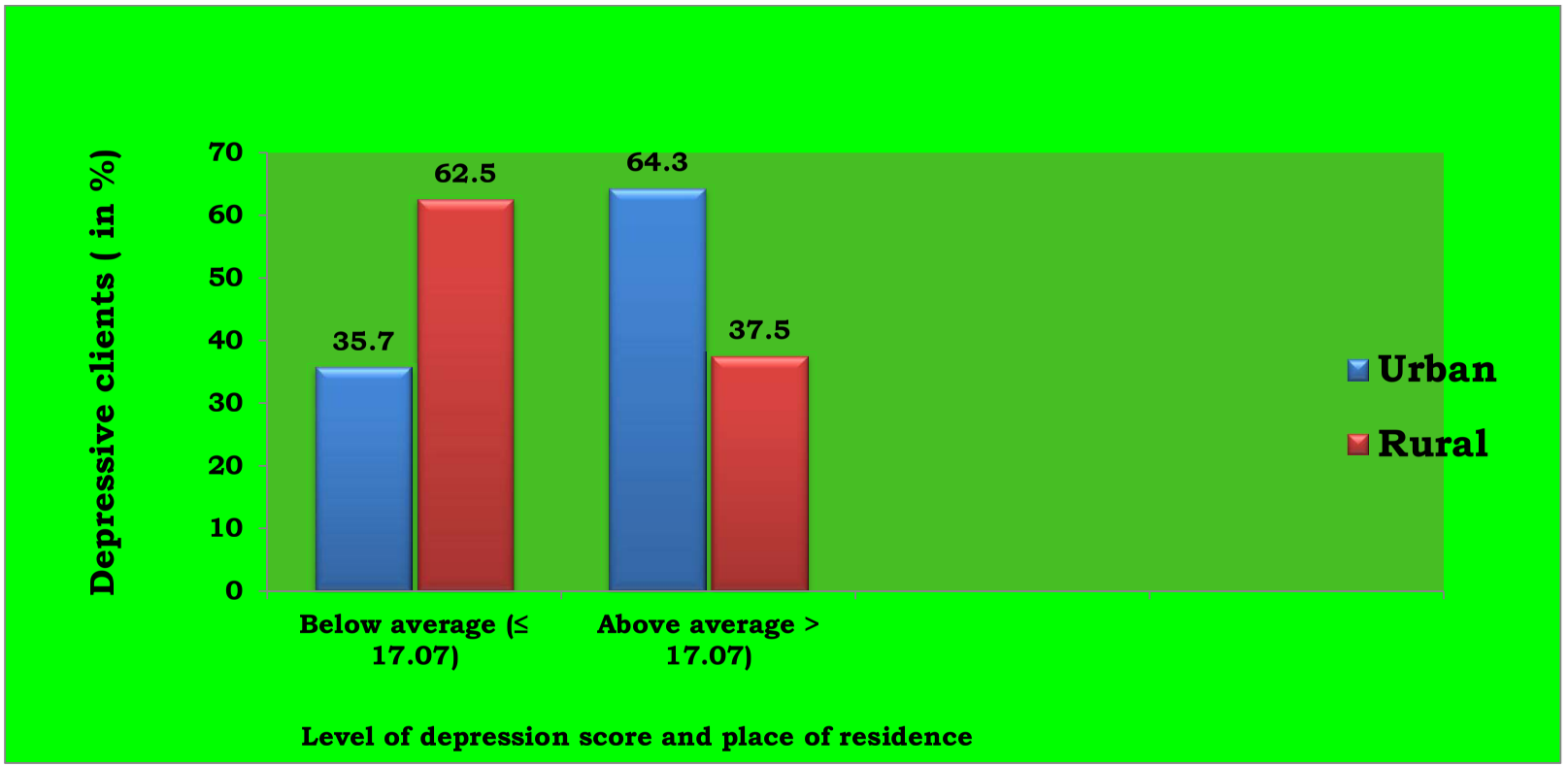

Fig4. 22: Association between level of depression reduction score and place of residence of the depressive clients

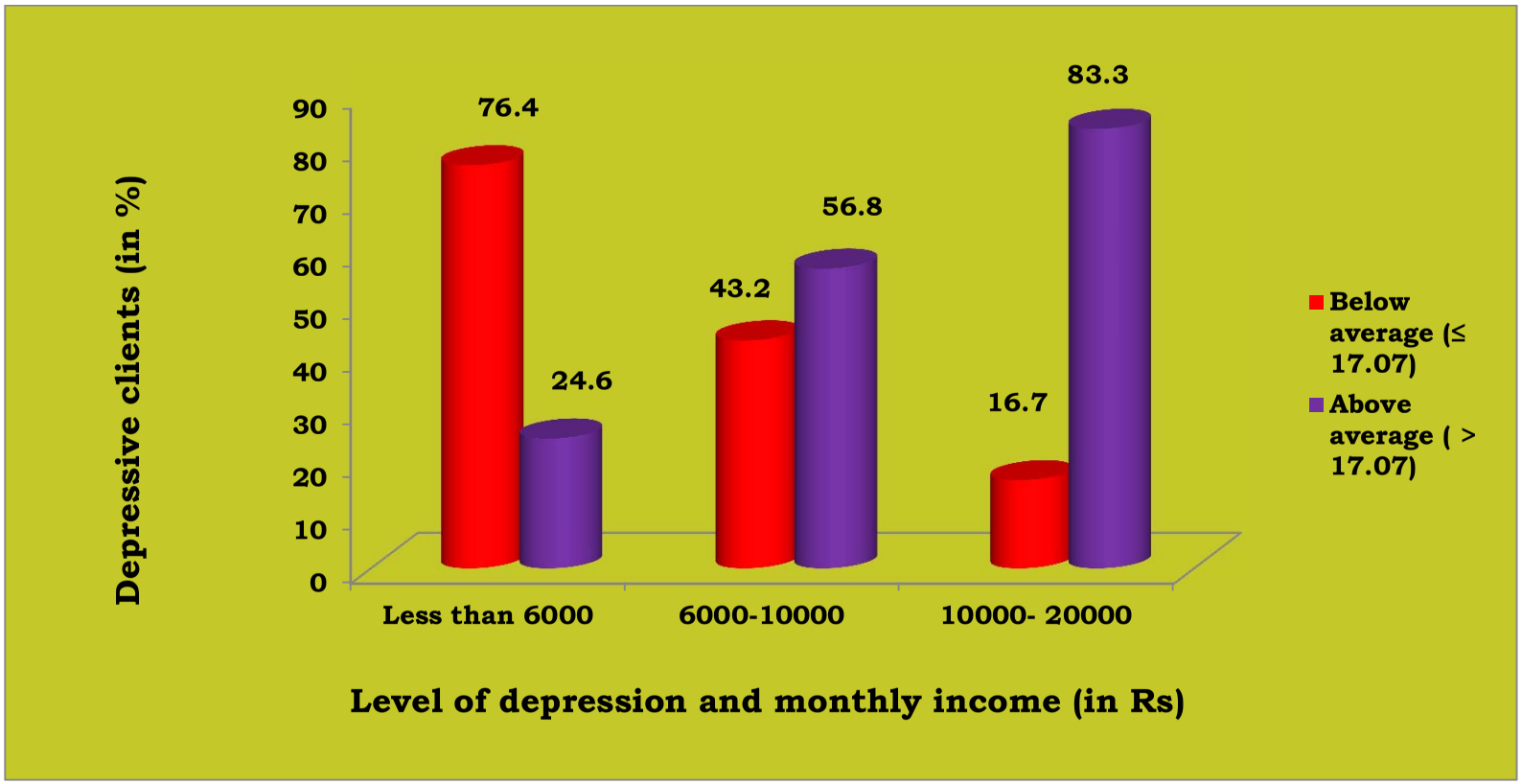

Fig4. 23: Association between level of depression reduction score and monthly income of the depressive clients

Summary of Results

CHAPTER V

SUMMARY OF RESULTS

The investigator conducted a study to assess the effectiveness of Reiki therapy as a means reduce the level of depression among the depressive clients at Institute of Mental Health, Chennai. The collected data were analysed by using the descriptive statistics (percentage, mean, standard deviation) and inferential statistics (student paired t test and chi square test). This chapter represents the essence of the study

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5.1. MAJOR FINDINGS OF THE STUDY

5.1.1 Findings of socio demographic profile of the depressive clients

- Seventy seven percentage (76.7 %) of the clients in the age group of *21-40*, *70.0% of* the clients were females.
- Majority (46.7%) of the clients had higher secondary education.
- Ninety percent (90.0%) of the clients were Hindus.
- Sixty five percentage of clients (65.0%) were unmarried
- Fifty eight percentage of clients (58.3%) had 2 children
- According to occupational status, (43.3%) were employed in the private sector.
- Majority of subjects (61.7%) had earning Rupees 6000 to Rs10000 per month.
- Ninety five percentage (95%)have no family history of psychiatric illness.
- Most of the clients were admitted for the first time (71.7%).
- Eighty two percentages of the depressive clients (81.7%) were listening music.
- Majority of the clients (97.3%) did not know regarding Reiki.

5.1.2: Finding the level of depression among the depressive clients before Reiki therapy.

The overall pre- test depression score was 56.95% and among study respondents 83.3%had severe depression 16.7 % had moderate depression and none of them having minimal and mild depression.

In those punishment feelings 82%, Pessimism71%, suicidal thoughts 67 %, loss of interest 67% and loss of energy64%.

5.1.3: Finding the level of depression among the depressive clients after the Reiki therapy.

The overall level of depressive score after Reiki therapy is found to be 29.9% of whom 16.7% had minimal depression, 35% had mild depression and 48.3% of the clients had moderate depression. None of them had severe depression after intervention. .

In those punishment feelings 36%, Pessimism29%, suicidal thoughts 17.7 %, loss of interest 29% and loss of energy 32%.

5.1.4: Finding the effectiveness of Reiki therapy on reducing depression among depressive clients

The investigator found the overall pre -test score of depression as 56.95% with a standard deviation of 4.35. The post- test depression score was 29.9% with the standard deviation of 3.64. The post-test depression score had statistically very highly significance. Hence the overall depression reduction score was 27.1% which highlights the effectiveness of Reiki therapy among depressive clients. So the difference is there and statistically significant ($P \leq 0.001$) in student paired test.

A comparison of overall depression score between pre-test and post-test, depression level showed reduction to 27.1% after Reiki therapy. Differences between pre-test and post- test score were analysed using

proportion with 95% CI and mean differences with 95% CI. These results showed the effectiveness of the Reiki therapy

Maximum reduction for the question “Suicidal thoughts or wishes” and minimum reduction score for the question “Concentration difficulty.

5.1.5. Finding of an association of depression level with selected socio demographic variables

The level of depression reduced with demographic variables. The variables like elders, more educated clients, urban people, earning more income showed statistically significant association.

Discussion

CHAPTER VI

DISCUSSION

This chapter reveals a study on the effectiveness of Reiki therapy on depressive clients and concludes that Reiki therapy is effective on depressive clients and improves psychological wellbeing.

Reiki therapy is one of the methods of healing contributing countless benefits. Reiki healing is not intended to replace the allopathic medicine, but rather to complement it. Reiki is doing cleansing and energizing with life forcing energy.

The investigator adopted pre-experimental, one group pretest and post-test design. Based on the sampling criteria, 60 depressive clients were selected by convenient sampling. Depression level of clients was assessed with BDI-II after the pre-test Reiki intervention given for 7 consecutive days.

The data were statistically analysed and the finding was discussed under the objectives formulated by the investigator.

Section-A: Socio demographic variable of the depressive clients

Section-B: Depression level of the depressive clients before Reiki therapy

Section-C: Depression level of the depressive clients after Reiki therapy

Section-D: Effectiveness of Reiki therapy

Section-E Associate the effectiveness Reiki therapy with selected demographic variables.

Objective-1: To describe the socio demographic profile of the depressive clients

Among the depressive clients, a high proportion (76.7 %) of the clients belongs to the age group of 21- 40. Seventy percent of the clients were female. As far the educational status majority of the clients (46.7%) had higher secondary education. Ninety percent (90.0%) of the clients were Hindus. Most of them (65.0%) were unmarried and had 2 children (58.3%) were living in nuclear families. According to occupational status, most of (43.3%) them were

in private sector, with monthly income 6000-10000(61.7%). 95% did not have any family history of psychiatric illness. Urban (46.7%) and rural 56.3% it shows that more rural people get depression. Table shows that most of the clients were admitted for the first time (71.7%). As per their relaxation activities, the higher proportions of the clients (81.7%) were listening to music. 97.3% of the clients didn't know anything regarding Reiki.

This study is consistent with the study conducted by **Clara Fleiz Bautista (2011)** described the prevalence of depressive symptoms in the Mexican population, aged 12 to 65. Data are drawn from the National Survey from 22,962 subjects and measured by CES-D. The total prevalence for depressive was 5.1%; the prevalence was 7.5% for women and 2.5% for men.

Mark Tomlinson (2009): A nationally representative household survey was conducted between 2002 and 2004 in adult South Africans (4351). The prevalence of major depression was 9.7% for lifetime and 4.9% for the 12 months prior to the interview. The prevalence of depression was significantly higher among females than among males. The prevalence was also higher among those with a low level of education.

Objective-2: To assess the level of depression among the depressive clients before the Reiki therapy.

The overall pre- test depression score was 56.95% and among study respondents 83.3% had severe depression. 16.7 % (10members) had moderate depression.

This study of the investigator is similar to the study conducted by **Mansoureh Charkhandeh (2012).** The major purpose of this study is to examine the effectiveness of Reiki therapy in reducing level of depression in adolescents (65) in Tehran, Iran. The age of the respondents was 12-17 years. There was significant difference in pre-test = 30.62% and post-test=29.33**%** of Reiki ($t=5.99$, $p<.05$) showing the effectiveness of Reiki therapy, which led to a reduction in the depression score of participants in 6 week. The findings from

the present study reveal that Reiki enables change in cognitive and behaviour and helps to avoid the problems of depression in adolescents.

Objective-3: To assess the level of depression among the depressive clients after the Reiki therapy.

The overall level of depressive score after Reiki therapy is 29.9% in that 16.7% (10 clients) had minimal depression, 35.0% (21 clients) had mild depression and 48.3% of the clients had moderate depression.

The investigator study is consistent with one conducted by **Adina Goldman Shore (2004)** for evaluation of long-term effects of Reiki, on depression and stress. Forty five adult participants aged 19 to78 were randomly assigned one of 3 groups, hands-on Reiki, non- touch Reiki, distance Reiki placebo. Reiki was given 1 to1 1/2 hour treatment each week over a period of 6 weeks. Significant differences were noted between treatment and control groups ($p < .05$) BDI pre-test value is M=10.44 and post-test is 3.75, by HS pre-test M=3.63 and post-test M=1.81and by PSS pre-test value is M=1.81, post-test is M=1.26, all subjects in experimental group reported experiences of deep relaxation, calming, increased energy flow, and greater connection to Spirit as a result of Reiki treatments.

Objective-4: To determine the effectiveness of Reiki therapy on reducing depression among depressive clients

The investigator found the overall pre -test score of depression as 56.95% with a standard deviation of 4.35. The post- test depression score was 29.9% with the standard deviation of 3.64. Hence the depression score was 27.1% which highlights the effectiveness of Reiki therapy among depressive clients. (In pre-test none of them had minimal and mild depression in post-test none of them had severe depression.) So the difference is there and statistically significant ($P \leq 0.001$) in paired 't' test.

This study is consistent with study conducted by **Silpa dharan (2012)** an experimental study conducted to examine the effectiveness of Reiki therapy on

depressive clients at SIMHANS and spandana rehabilitation and research centre, Bangalore. Samples (50) were selected by simple random sampling for experiment and control group. BDS-II was used for data collection. Reiki therapy was administered for 30 minutes once a day for 7 days continuously. Over all pre-test score is 50.6%, post-test score is 21.5% and the depression reduction score is 29.1% P value is <00.05. This study reveals that significant decrease in depression level after Reiki therapy.

Objective-5: To associate the level of depression with selected socio demographic variables

Table 13 shows the level of depression reduction in the population demographic variables. The variables like elders, more educated clients, urban people, earning more income showed statistically significant association.

This study is consistent one conducted by **Jamie C Barner (2010**) a cross-sectional study design was employed using the 2002 National Health Interview Survey. A nationwide representative sample of adult approximately one in five (20.2%) CAM past 12 month users. Ten of the 15 CAM modalities (such as prayer, biofeedback, and Reiki) were used primarily for treatment by African-Americans. CAM for treatment was significantly ($p<0.05$) associated with the graduate education, smaller family size, higher income, and region.

Hypothesis (HI): There is a significant difference between pre and post-test level of depression among depressive clients.

The overall obtained calculated paired‘t’test was 28.74 which is statistically significant at 0.001level.Hence the research hypothesis **H1** is accepted.

Hypothesis (H2): There is a significant association between post- test levels of depression with selected demographic variables of depressive clients.

The demographic variables such as age, education, family monthly income and place of residence were found to be significantly associated at <0.05 levels. Hence research hypothesis **H2** is accepted

Conclusion & Recommendations

CHAPTER VII

CONCLUSION AND RECOMMENDATIONS

The world is moving very fast, so hectic which has trendy people, pointing to depression getting more chances to snatch precious lives. It has a great impact on people`s emotional, mental, physical, social and occupational functions. Thoughts of death and suicide are the symptoms of depression; if left untreated, may get worse. People may feel go in for suicide as the only way to escape from the painful situations. Effects and consequences of the depression are unbearable to many persons.

Reiki is the alternative and complementary treatment which is becoming familiar in recent days due to people's confidence in natural and divine healing. Reiki therapy is one of the methods of healing which contributes countless benefits. Reiki healing is not intended to replace the allopathic medicine, but rather to compliment it. Reiki is doing cleansing and energizing with life forcing energy.

7.1. Implications of the study

The results of the study have implications for nursing education, nursing practice, nursing administration and nursing research

7.1.1 Nursing Practice

- A psychiatric nurse must have the skills in teaching about stress and depression reduction measures.
- Leaflets can be distributed to the people regarding Reiki
- The nurse should have the skills to avoid stress and depression in clinical as well as community setting.
- Nurses can arrange awareness programs regarding the effective use of Reiki therapy for the different aspects of health.

- Reiki therapy for the different aspects of health. Community health nurse can be given Reiki for rehabilitation
- In Clinical setting, the nurse must use Reiki therapy as a tool for preparation of so many procedures and as an intervention for depressive clients. .

7.1.2. Nursing Administration:

- Nursing administrators must act as a back bone to provide facilities to reduce the depression among the clients and other persons at Institution.
- The administration can encourage the nurses to conduct research for prevention depression.
- The administration can organize conferences, workshops, in-service education and seminars for nurses working in the hospitals and other health care centers regarding Reiki therapy for prevention and management of depression.

7.1.3. Nursing Education

- Nursing curriculum focuses on development of skills in identifying the stress and depression level to reduce the depressive clients and its management.
- Conferences, workshops, a symposiums and seminars can be held for nurses for exchange of ideas on depression and prepare them to have positive attitude towards challenges.
- Get their knowledge updated through in-service education regarding reduction measures of depression, stress management and how to face the challenges, loss and threats.
- Make available literature related to Reiki therapy
- Reiki therapy can be used as one of the best alternative therapies and nursing curriculum should include Reiki.
- Nurse educator can learn Reiki and teach Reiki to the nursing students in order to promote their healthy life style and healthy learning..

7.1.4. Nursing Research

- With scarcity of literature and research on Reiki therapy being the feature, the Investigator suggests more researches for treatment of depression by providing Reiki therapy.
- Nurses should be encouraged to conduct research on Reiki therapy.
- Liberal allocation of funds, manpower, time and adequate training should be provided to nurses for conducting research.

7.2. Limitations of the study.

- The study can be done at the old age homes and orphanages
- The study can be done for studying long time effects of Reiki therapy.
- Maintenance of privacy found difficult.
- Since the sample size is small cannot take it as representative sample of general population.
- A study can be conducted at disaster affected areas by group Reiki.

7.3. Recommendations for the further study

- A similar study can be repeated with a large sample in a different setting.
- A similar study can be conducted as a comparative study with other complementary therapies and Reiki therapy.
- A longitudinal study can be undertaken to find out the long term effect of Reiki therapy on depression.
- A similar study can be conducted for treatment of other psychiatric disorders like schizophrenia, post-traumatic stress disorder and personality disorder.
- The study can be conducted in community set up in order to identify the effect of Reiki therapy without medication.

Conclusion

Education in evidence based care gives the opportunity to nurses to improve their ability to apply theoretical knowledge to practice.

Depression is the condition which causes many psychological and physical problems in our life resulting even in termination. It occurs when a person has difficulty dealing with challenging situations, continuous failures, over and negative expectations. Each person facing the problems reacts differently according to their inner abilities.

This study concluded that nurse's role in managing the depression is mandatory. Through Reiki therapy, the level of depression had got reduced to 27.1%. This reduction in depression level reflects the effectiveness of Reiki therapy. So the nurses can educate the clients regarding Reiki self-healing which is cost effective and covers all aspects of the client.

Reiki therapy was effective in reducing level of depression among depressive clients. Since it is cost effective and a self- healing procedure it can be applied in all settings, by all the people who underwent Reiki training and it can be used to all people irrespective of age, gender, religion and societal status.

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Appendices

Certificate of approval by Ethics Committee

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI-3

EC Reg No.ECR/270/Inst./TN/2013
Telephone No. 044 25305301
Fax : 044 25363970

CERTIFICATE OF APPROVAL

To
Mrs. JAYALAKSHMI.L,
M.Sc., (Nursing),
College of Nursing,
Madras Medical College,
Chennai – 600 003.

Dear Mrs. JAYALAKSHMI.L,

The Institutional Ethics Committee has considered your request and approved your study titled **A STUDY TO ASSESS THE EFFECTIVENESS OF REIKI THERAPY TO REDUCE THE DEPRESSION LEVEL AMONG DEPRESSIVE CLIENTS AT INSTITUTE OF MENTAL HEALTH, KILPAUK. No.26102014.**

The following members of Ethics Committee were present in the meeting held on 21.10.2014 conducted at Madras Medical College, Chennai-3.

1. Dr.C.Rajendran, M.D.,	: Chairperson
2. Dr.R.Vimala, M.D., Dean, MMC, Ch-3	: Deputy Chairperson
3. Prof.B.Kalaiselvi, M.D., Vice-Principal, MMC, Ch-3	: Member Secretary
4. Prof.R.Nandhini, M.D., Inst.of Pharmacology, MMC	: Member
5. Prof.K.Ramadevi, Director i/c, Inst.of Biochemistry, MMC	: Member
6. Prof.Saraswathy, M.D., Director, Pathology, MMC, Ch-3	: Member
7. Prof.S.G.Sivachidambaram, M.D., Director i/c, Inst.of Internal Medicine, MMC	: Member
8. Dr.Raghumani, M.S., Professor of Surgery, MMC	: Member
9. Thiru S.Rameshkumar, Administrative Officer	: Lay Person
10. Thiru S.Govindasamy, B.A., B.L.,	: Lawyer
11. Tmt.Arnold Saulina, M.A., MSW.,	: Social Scientist

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

3/11/14

Member Secretary, Ethics Committee

Certificates of content validity

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by Ms.J.JayalakshmiM.Sc. Nursing II year, College of Nursing, Madras Medical College which is to be used in her study titled **"A study to assess the effectiveness of reiki therapy to reduce the depression level among depressive clients at institute of mental health, Kilpauk**has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

SAAMRAT DU... RESEARCH
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Kilpauk, Chennai-600 010.

SIGNATURE WITH SEAL

NAME : Dr. N. Sikkender Kumar Jain

DESIGNATION: B.P.T., M.D(Acu)., Reiki & Crystal Grand Master

COLLEGE : SAAMRAT HEALTH CENTER
Prince Towers
Purasaiwalkam High Road
Kilpauk - 600010.

PLACE: Chennai

DATE:

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by Ms.L.JayalakshmiM.Sc. Nursing II year, College of Nursing, Madras Medical College which is to be used in her study titled **"A study to assess the effectiveness of reiki therapy to reduce the depression level among depressive clients at institute of mental health, Kilpauk**has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

SIGNATURE WITH SEAL

NAME : N. Vijayalakshmi

DESIGNATION: Professor.

COLLEGE : Apollo College of Nursing, Chennai.

PLACE: Chennai.

DATE: 01.08.2015.

CERTIFICATE FOR CONTENT VALIDITY

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SIGNATURE WITH SEAL

NAME : MRS. CATHERINE BABY SUHASINI

DESIGNATION: LECTURER

COLLEGE : MADHA COLLEGE OF NURSING

MADHA COLLEGE OF NURSING
15 JUL 2015
CHENNAI - 600 069

PLACE: CHENNAI - 69

DATE: 15.07.15

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by Ms.L.JayalakshmiM.Sc. Nursing II year, College of Nursing, Madras Medical College which is to be used in her study titled **"A study to assess the effectiveness of reiki therapy to reduce the depression level among depressive clients at institute of mental health, Kilpauk**has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

B. SUDHAKARAN, M.A., M.Phil(Cl.Psy).,
RCI Registration No: A87047
Assistant Professor of Psychology cum
Clinical Psychologist,
Institute of Mental Health, Chennai-10.

SIGNATURE WITH SEAL

NAME : B. SUDHAKARAN

DESIGNATION: ASST. PROF OF PSYCHOLOGY CUM CLINICAL PSYCHOLOGIST

COLLEGE : INSTITUTE OF MENTAL HEALTH

PLACE: CHENNAI

DATE:

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SAAMRAT DR RESEARCH
No.94, ,
Purasawalkam High Road,
Kilpauk, Chennai-600 010.

SIGNATURE WITH SEAL

NAME : Dr. N. Sikkender Kumar Jain

DESIGNATION: B.P.T., M.D(Acu)., Reiki & Crystal Grand Master

COLLEGE : Saamrat Health Center
Prince Towers
Purasaiwalkam High Road
Kilpauk - 600010.

PLACE: Chennai

DATE:

Letter seeking permission for conducting the study

From

Mrs. L. Jayalakshmi,
M.Sc. (N) II year,
College of Nursing,
Madras Medical College,
Chennai 600003.

To

The Director,
Institute of mental health,
Kilpauk,
Chennai - 10

Through Proper Channel

Respected Sir,

Sub: Requesting for permission to conduct a nursing research study-regarding

I L.Jayalakshmi. M.sc Nursing II year, College of Nursing, Madras Medical College, request you to kindly grant me permission to conduct nursing research study on the topic **'A STUDY TO ASSESS THE EFFECTIVENESS OF REIKI THERAPY TO REDUCE THE DEPRESSION LEVEL AMONG DEPRESSIVE CLIENTS AT INSTITUTE OF MENTAL HEALTH, KILPAUK.** As partial fulfilment of dissertationstudy for the degree of Master of Science in Nursing.

I assure you that it will not interfere with the routine activities of the study settings as well as keep confidentiality and anonymity of each client.

Thanking you

Place: Chennai.

Date: 01.02.2015

Yours obediently

(L.JAYALAKSHMI)

INSTITUTE OF MENTAL HEALTH
TAPAL SECTION
Date.....2 FEB 15.....
CHENNAI-600 010

STUDY TOOL

SECTION- A: DEMOGRAPHIC VARIABLE

1) Age in years

a) 15- 25 ( )

b) 26- 45 ( )

c) 46-70 ( )

2) Gender

a) Male ( )

b) Female ( )

3) Educational status

a) No formal education ( )

b) Primary education ( )

c) Secondary education ( )

d) Graduation ( )

4) Religion

a) Hindu ( )

b) Muslim ( )

c) Christian ( )

d) Others ( )

5) Marital status

a) Unmarried ( )

b) Married ( )

c) Separated/ Divorced ( )

6) Number of children

a) None ( )

b) 1-2 ( )

c) 3-4 ( )

d) More than 4 ( )

7) Type of family

a) Nuclear family ( )

b) Joint family ( )

8) Occupational status

a) Government ( )

b) Private ( )

c) Self-employed ( )

d) Agriculture ( )

e) Unemployment/house wife ( )

9) Place of residence

a) Urban ( )

b) Rural ( )

10) Family monthly income in rupees

a) Less than 6000 ( )

b) 6000-10000 ( )

c) 10000-20000 ( )

d) More than 20000 ( )

11) Family history of psychiatric illness

a) Yes (If yes specify the relationship) ( )

b) No ( )

12) Number of times of hospitalization

a) Once ( )

b) Twice ( )

c) Thrice ( )

d)>Thrice ( )

13) Source of information regarding Reiki therapy by (to primary care giver)

a) Electronic media ( )

b) Printed media ( )

c) Family members/relations ( )

d) Friends ( )

e) Health personnel ( )

d) None ( )

14) How do you relax yourself normally?

a) Music ( )

b) Meditation ( )

c) Yoga ( )

d) Exercise ( )

e) Specify if any other _____

SECTION: B SCORING OF STANDARDIZED BECK DEPRESSION INVENTORY (BDI-11)

Name _____Marital Status _____ Age _____

Sex____

Occupation_____Education_____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statements you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including item 16 (Changes in sleeping pattern) or Item 18 (Changes in Appetite).

1. Sadness

0. I do not feel sad.
1. I feel sad much of the time.
2. I am sad all the time.
3. I am so sad or unhappy that I can't stand it.

2. Pessimism

0. I am not discouraged about my future.
1. I feel more discouraged about my future than used to be.
2. I do not expect things to work out for me
3. I feel my future is hopeless and will only get worse

3. Past Failure

0. I do not feel like a failure.
1. I have failed more than I should have
2. As I look back, I see a lot of failures.
3. I feel I am a total failure as a person.

4. Loss of pleasure

0. I get as much pleasure as I ever did from the things I enjoy ☐
1. I don't enjoy things as much as I used to.
2. I get very little pleasure from the things I used to enjoy.
3. I can't get any pleasure from the things I used to enjoy.

5) Guilty Feelings

0. I don't feel particularly guilt ☐
1. I feel guilty over many things I have done or should have done
2. I feel quite guilty most of the time.
3. I feel guilty all of the time.

6) Punishment Feelings

0. I don't feel I am being punished. ☐
1. I feel I may be punished.
2. I expect to be punished.
3. I feel I am being punished.

7) Self –Dislike

0. I feel the same about myself as ever.
1. I have lost confidence in my life. ☐
2. I am disappointed in my life.
3. I dislike myself.

8) Self-Criticalness

0. I don't criticize or blame myself more than usual
1. I am more critical of myself than I used to be. ☐
2. I criticize myself for all of my faults.
3. I blame myself for everything bad that happens

9) Suicidal Thoughts or Wishes

1. I don't have any thoughts of killing myself. ☐
2. I have thoughts of killing myself, but I would not carry them out
3. I would like to kill myself.

4. I would kill myself if I had the chance.

10) Crying

0. I don't cry any more than I used to. ☐

1. I cry more than I used to.

2. I cry over every little thing.

3. I feel like crying. But I can't.

11) Agitation

0. I am no more restless or wound up than usual. ☐

1. I feel more restless or wound up than usual.

2. I am so restless or agitated that it's hard to say still.

3. I am so restless or agitated that I have to keep moving or doing something.

12) Loss of Interest

0. I have not lost interest in other people or activities. ☐

1. I am less interested in other people or things than before.

2. I have lost most of my interest in other people or things.

3. it's hard to get interested in anything.

13) Indecisiveness

0. I make decisions about as well as ever.

1. I find it more difficult to make decisions than usual. ☐

2. I have much greater difficulty in making decisions than I used to.

3. I have trouble making any decisions.

14) Worthlessness

0. I do not feel I am worthless. ☐

1. I don't consider myself as worthwhile and useful as I used to.

2. I feel more worthless as compared to other people.

3. I feel utterly worthless.

15) Loss of Energy

0. I have as much energy as ever.

1. I have less energy than I used to have.

2. I don't have enough energy to do very much.

3. I don't have enough energy to do anything.

16) Change in Sleeping Pattern

0. I have not experienced any change in my sleeping pattern.

1. I sleep somewhat more than usual.

1. I sleep somewhat less than usual.

2. I sleep a lot more than usual.

2. I sleep a lot less than usual.

3. I sleep most of the day.

3. I wake up 1-2 hours early and can't get back to sleep.

17) Irritability

0. I am no more irritable than usual.

1. I am more irritable than usual.

2. I am much more irritable than usual.

3. I am irritable all the time.

18) Change in Appetite

0. I have not experienced any change in my appetite.

1. My appetite is somewhat less than usual.

1. My appetite is somewhat greater than usual

2. My appetite is much less than before.

2. My appetite is much greater than usual.

3. I have no appetite at all.

3. I crave food all the time.

19) Concentration Difficulty

0. I can concentrate as well as ever.

1. I can't concentrate as well as usual.

2. it’s hard to keep my mind on anything for very long

3. I find I can’t concentrate on anything

20) Tiredness of Fatigue

0. I am no more tired or fatigued than usual. ☐

1. I get more tired or fatigued more easily than usual.

2. I am too tired or fatigued to do a lot of thing I used to do.

3. I am too tired or fatigued to do most of the things I used to

21) Loss of interest in sex

0. I have not noticed any recent change in my interest in sex. ☐

1. I am less interested in sex than I used to be.

2. I am much less interested in sex now.

3. I have lost interest in sex completely.

Scoring of standardized beck depression inventory (BDI-11)

0-13: Minimal Depression

14-19: Mild Depression

2028: Moderate Depression

29-63: Severe Depression

பகுதி - அ

சமூக பொருளாதார விவரம்

1. வயது வரம்பு

(அ) 15-25 வயதுவரை ( )

(ஆ) 26 முதல் 45 வரை ( )

(இ) 46 முதல் 70 வரை ( )

2. பாலினம்

(அ) ஆண் ( )

(ஆ) பெண் ( )

3. கல்வித் தகுதி

(அ) படிக்காதவர் ( )

(ஆ) துவக்கக் கல்வி ( )

(இ) உயர்நிலைக் கல்வி ( )

(ஈ) பட்டப் படிப்பு ( )

4. மதம்

(அ) இந்து ( )

(ஆ) கிறித்துவர் ( )

(இ) இசுலாமியர் ( )

(ஈ) மற்றவர் ( )

5. திருமண விவரம்

(அ) திருமணம் ஆனவர் ( )

(ஆ) திருமணம் ஆகாதவர் ( )

(இ) துணையை இழந்தவர் ( )

(ஈ) பிரிந்து வாழ்பவர் ( )

6. குழந்தை பேறு / குழந்தைகளின் எண்ணிக்கை

(அ)குழந்தைகளில்லை ( )

(ஆ)ஒன்று -இரண்டு ( )

(இ) மூன்று - நான்கு ( )

(ஈ) நான்கிற்கு மேல் ( )

7. குடும்பத்தின் வகை

(அ) தனிக் குடும்பம் ( )

(ஆ) கூட்டுக்குடும்பம் ( )

8. வேலை

(அ) அரசுப்பணி ( )

(ஆ) தனியார் பணி ( )

(இ) சுயதொழில் ( )

(ஈ) விவசாயம் ( )

(உ) இல்லை ( )

9. சமூகவசிப்பிடம்

(அ) கிராமம் ( )

(ஆ) நகரம் ( )

10. மாத வருமானம்

(அ) 6000திற்குக் கீழ் ( )

(ஆ) 6000 முதல் 10000 வரை ( )

(இ) 10000 முதல் 20000 வரை ( )

(இ) 20,000 ற்கு மேல் ( )

11. குடும்பத்தில் யாரேனும் மனவியாதியால் பாதிக்கபட்டுள்ளார்கலா

(ஆ) ஆம்(ஆம் எனில் எந்த வகையில் சொந்தம்) ( )

(ஆ) இல்லை ( )

12. எத்தனை முறை நோயாளியாக மருத்துவமனையில் அனுமதிக்கப்பட்டுள்ளீர்கள்

(அ) ஒரு முறை ( )

(ஆ) இரண்டு முறை ( )

(இ) மூன்று முறை ( )

(ஈ) மூன்று முறைக்கு மேல் ( )

13. ரெய்கி சிகிச்சையைப் பற்றி எப்படி அறிந்துகொண்டீர்கள் (நோயாளியின் நெருங்கிய உறவினரிடம்)

(அ) மின்னனு ஊடகங்கள் ( )

(ஆ) அச்சிடப் பட்ட ஊடகங்கள் ( )

(இ) குடும்ப நபர்கள் ( )

(ஈ) நண்பர்கள் ( )

(உ) சுகாதாரப் பணியாளர்கள் ( )

(ஊ) இல்லை/தெரியாது ( )

14. ஓய்வெடுக்கும் முறை / தன்னை மகிழ்ச்சியாக்கிக்கொள்ளும் முறை

(அ) இசை ( )

(ஆ) தியானம் ( )

(இ) யோகாசனம் ( )

(ஈ) உடற்பயிற்சி ( )

(உ) இதரப் பயிற்சி ( )

பகுதி - ஆ

பெக் மனசோர்வு வினாப்பட்டியல்

பெயர்:_____ **திருமணமானவர்: ஆம் / இல்லை**

வயது:_____

பாலினம் :_____ **தொழில்:**_____

படிப்பு:_____

குறிப்பு: இந்த வினாத்தாளில் கேள்விகளில் மற்றும் அதற்கான விடைகள் தேர்வு செய்யும் வகையில் கொடுக்கப்பட்டுள்ளன. இன்றைய நாளையும் சேர்த்து தாங்கள் கடந்த இரண்டு வாரங்களாக எவ்வாறு உணர்ந்தீர்கள் என்பதை கேள்விக்கேற்ப கீழேத் தரப்பட்டுள்ள வாக்கியங்களில் இருந்து தேர்வு செய்க, தாங்கள் தேர்வு செய்த வாக்கியத்துக்கு நேராக உள்ள எண்ணை வ்ட்ட்மிட்டுக் குறியுங்கள். ஒரு கேள்வி இரண்டு வாக்கியங்கள் பொருத்தமாக இருப்பதாகத் தாங்கள் உணர்ந்தால் அந்த வாக்கியங்க்களில் எது பெரிய எண் கொண்டுள்ளதோ அதைத் தேர்வு செய்க, கேள்வி எண் 16 மற்றும் 18 உட்பட எந்த ஒரு கேள்விக்கும் இரண்டு வாக்கியங்க்களை விடைகளாகத் தேர்வு செய்ய வேண்டாம்.

1. சோகமாக உணர்ந்தீர்களா?.

0. நான் சோர்வாக உணரவில்லை
1. பெரும்பாலான நேரம் நான் சோகமாக இருந்தேன்
2. முழு நேரமும் நான் சோகமாகவே இருந்தேன்
3. என்னால் பொறுத்துக் கொள்ள முடியாத அளவு சோகமாக உண்ர்ந்தேன்

2. நம்பிக்கையின்மைக் காணப்பட்டதா?

0. எதிர்காலம் குறித்துக் கவலைப்படவில்லை
1. முன் எப்போதும் இல்லாத அளவு எதிர்காலம் குறித்த பயம் அதிகரித்த்தது
2. எனக்கு எப்போதும் எந்த செயலும் சரியாக அமையும் என்று எதிர்ப்பார்ப்பதில்லை
3. என் எதரிகாலம் நம்பிக்கையற்றது. அது இன்னும் மோசமாகவே மாறும

3. முந்தைய தோல்விகள்

0. இதுவரை நான் தோற்றுப் போனதாக உணர்ந்ததில்லை
1. எனது சக்தியை மீறிய தோல்விகளைச் சந்தித்து விட்டேன்

2. என் கடந்த கால்த்தைக் காணும் போது என்னால் முந்தைய பல தோல்விகளைக்

காண முடிகிறது

3. நான் முற்றிலுமாக தோற்றுப் போனவன் என்பது போல் உண்ர்கிறேன்.

4. மகிழ்ச்சியின்மை

0. பொதுவாக எனக்கு சந்தோஷம் தரும் வியஷங்களைக் காட்டிலும் தற்போது

சந்தோஷமாக இருப்பதாக உணர்கிறேன் .

1. நான் எப்போதும் இருப்பது போல் சந்தோஷமாக இருப்பதாக உணரவில்லை

2.இதற்கு முன்னால் எனக்கு சந்தோஷம் தந்தவை அனைத்தும் குறைந்த அளவான சந்தோஷத்தையே எனக்கு அளித்ததாக உணர்கிறேன்

3.நான் விரும்பும் பொருட்கள் எனக்கு சந்தோசத்தைத் தருவதில்லை

5. குற்ற உணர்வு

0. குறிப்பிட்ட எதற்காகவும் நான் குற்ற உணர்வைக் கண்டதில்லை

1. நான் செய்த பல விஷயங்கள் எனக்குக் குற்ற உணர்வைத் தருகின்றன

2. பெரும்பாலான நேரம் நான் குற்ற உண்ர்வைக் காண்கிறேன்

3. முழு நேரமும் நான் குற்ற உண்ர்வையே உணர்கிறேன்

6. தண்டனைப் பெற்றதைப் போன்றதாக உணர்வு

0. நான் தண்டனை அனுபவிப்பதாக உணரவில்லை

1. நான் தண்டனை பெறலாம் என்ற உணர்வே இருக்கிறது

2. நான் தண்டனை பெறவேண்டும் என்று எதிர்ப்பார்க்கிறேன்

3. நான் தண்டனை பெற்றுக் கொண்டிருப்பதாகவே உணர்கிறேன்

7. சுய வெறுப்பு

0. நான் எப்போதும் எந்த மாற்றமும் இல்லாததாக உணர்கிறேன்

1. நான் என்னை நினைத்தே வருத்தப்படுகிறேன்

2. நான் என்னும் இருந்த தன்னம்பிக்கையை இழந்து விட்டேன்

3. என்னை நானே வெறுக்கிறேன்.

8. சுய விமர்சனம்

0.முன் எப்போதும் போலவே என்னை நானே விமர்சனமோ பழியோ செய்வதில்லை

1. முன் எப்போதும் இல்லாத அளவு என்னை நானே விமர்சனம் செய்கிறேன்

2. எந்த கெட்ட நிகழ்வுக்கும் நான் தான் காரணம் என்று சம்பந்தபடுத்திக் கொள்கிறேன்.

3. என்னுடைய தவறுகளை நானே விமர்சனம் செய்கிறேன்

9. தற்கொலை எண்ணம்

0. தற்கொலை செய்து கொள்ளுதல் எண்ணம் ஏதும் இல்லை

1. தற்கொலை எண்ணம் இருக்கிறது ஆனால் செயல்படுத்த மாட்டேன்

2. தற்கொலை செய்து கொள்ள விரும்புகிறேன்

3. வாய்ப்புக் கிடைத்தால் தற்கொலை செய்து கொள்வேன்

10. அழுகை

0. முன் எப்போதும் இல்லாத அளவு கூடுதலாக அழுவதாகத் தோன்றவில்லை

1. முன்னெப்போதும் இல்லாத அளவு அழுகிறேன்

2. சின்ன விஷயங்களுக்குக் கூட அழுகிறேன்

3.அழவேண்டும் போன்ற எண்ணம் தோன்றினாலும் என்னால் அழமுடியவில்லை

11. மனப்போராட்டம்

0. எனது மனநிலையில் எந்த மாற்றமும் இல்லை

1. முன்னெப்போதும் இல்லாத அளவு மனப்போராட்டம் அதிகமாக உள்ளது

2. சில விஷயங்க்களைப் பொறுத்துக்கொள்ள முடியாத அளவு மனப்போராட்டம் அதிகரிக்கிறது.

3. சில நேரங்களில் ஏதாவது செய்து விட வேண்டும் என்று மனம் துடிக்கிறது

12. ஈடுபாடின்மை

0. மற்ற வேலைகளில் அல்லது மக்களிடமோ என் ஈடுப்ட்டினை இழக்கவில்லை

2. முன் எப்போதும் இல்லாத அளவு பிற விஷயங்களில் ஈடுபாடு குறைந்துள்ளது

3. மற்ற விஷயங்களிலோ அல்லது மக்களிடமோ என் ஈடுபாட்டை இழந்து விட்டேன்

4. பிற விஷயங்களில் ஈடுபாடு கொண்டு வருவது மிகவும் சிரமமாக உள்ளது

13. முடிவெடுப்பதில் திணறல்

0. என் முடிவெடுக்கும் திறனில் எந்த மாற்றமும் இல்லை

1. முன் எபோதும் இல்லாத அளவு முடிவெடுப்பதில் திணறல் ஏற்படுகிறது

2. முடிவெடுப்பதில் மிகுந்த சிரமம் ஏற்படுகிறது

3. என்னால் எந்த முடிவும் எடுக்க முடியவில்லை

14. மதிப்பின்மை

0. நான் உபயோகமற்றவன் என்று தோன்றவில்லை

1.நான் எதற்கும் உபயோகமற்றவன் என்ற எண்ணம் முன் எப்போதும் இல்லாமல் இப்போது தோன்றுகிறது

2. மற்றவர்களுடன் ஒப்பிடும் போது நான் பயனற்றவனாகத் தோன்றுகிறது

3. நான் சுத்தமாக எதற்கும் பயனற்றவன் என்ற எண்ணம் தோன்றுகிறது

15. சக்தியின்மை

0. எனது சக்தி எப்பொழுதும் போலவே உள்ளது

1. முன் இருந்ததை விட எனது சக்தி குறைந்துள்ளது

2. என்னுடைய வேலைகளை செய்து முடிக்க போதுமான அளவு சக்தி இல்லை

3. எந்த வேலையுமே செய்ய போதுமான அளவு சக்தி இல்லை.

16. தூங்கும் முறையில் மாற்றம்

0. எனது தூங்கும் முறையில் எந்த மாற்றமும் ஏற்பட்டதாகத் தெரியவில்லை

1. (அ) முன்னெப்போதும் விட அதிகமாகத் தூங்குகிறேன்

1.(ஆ) முன்னெப்போதும் விட குறைவாகத் தூங்குகிறேன்

2. (அ) முன்னெப்போதும் விட மிக அதிகமாகத் தூங்குகிறேன்

2.(ஆ) முன்னெப்போதும் விட மிகக் குறைவாகத் தூங்குகிறேன்

3. (அ) பகலில் பெரும்பாலான நேரம் தூங்குகிறேன்

3.(ஆ)முன் எப்போழுதும் விட ஓரிரு மணி நேரம் முன்னதாகவே எழும்புகின்றேன் மறுபடியும் தூங்க இயலவில்லை

17. எரிச்சல் மற்றும் கோபம்

0.நான் தற்போது கோபம் கொள்வதில் எந்த மாற்றங்களையும் உணரவில்லை

1. தற்போது அதிகமாகவேக் கோபம் கொள்கிறேன்

2. தற்போது மிக அதிகமாகவே கோபம் கொள்கிறேன்

3. எப்போழுதும் கோபமாகவே இருக்கிறேன்

18. பசியில் மாற்றம்

0. எனது வழக்கத்திற்கு மாறாக பசியில் எந்த மாற்றத்தையும் உணரவில்லை

1 (அ) முன்னதாக இருப்பதை விட இப்பொழுது பசி லேசாக குறைந்துள்ளது

1 (ஆ) முன் இருப்பதை விட இப்பொழுது பசி மிகவும் அதிகரித்துள்ளது

2 (அ) முன் இருப்பதை விட இப்பொழுது பசி மிகவும் குறைந்துள்ளது

2 (ஆ) முன் இருப்பதை விட இப்பொழுது பசி மிகவும் அதிகரிக்கிறது

3 (அ) எனக்கு சுத்தமாகப் பசி எடுப்பதில்லை

3 (ஆ) எனக்கு எப்போதும் பசி எடுத்துக் கொண்டே இருக்கிறது

19. கவனம் சிதைவு

0. எனது கவனிக்கும் திறனில் எந்த மாற்றமும் இல்லை

1. முன்னர் இருப்பதை விட தற்போது என் கவனிக்கும் திறன் குறைந்து விட்டது

4. எனது கவனத்தை ஒரே விஷயங்களில் நெடுநேரம் வைத்திருக்க முடியவில்லை

3. என்னால் எதிலுமே நிலையாகக் கவனம் செலுத்த முடியவில்லை

20.உற்சாகமின்மை

0. முன்பை விட தற்போது சோர்வாக உணரவில்லை

1. முன்பை விட மிக விரைவில் சோர்வடைந்து விடுகிறேன்

2. பொதுவாக நான் செய்து வந்த காரியங்களைத் தற்போது செய்வது சோர்வினைத் தருகிறது

3.நான் செய்து வந்த பெரும்பாலான காரியங்களைத் தற்போது செய்வது சோர்வினைத் தருகிறது.

21. உடலுறவில் ஈடுபாடு

0. என் உடலுறவு ஈடுபாட்டில் எந்த மாற்றத்தையும் நான் உணரவில்லை

1. முன்னர் இருந்ததை விட தற்போது உடலுறவில் சிறிது ஆர்வம் குறைந்து விட்டதாக உணர்கிறேன்

2. முன்னர் இருந்ததை விட தற்போது உடலுறவில் சற்று அதிகமாகவே ஆர்வம் குறைந்து விட்டதாக உணர்கிறேன்

3. உடலுறவில் முழுமையாக ஈடுபாடு இல்லை

பெக் மனசோர்வு வினா மதிப்பீடு

0-13: குறைந்த பட்ச மன அழுத்தம்

14-19: லேசான மன அழுத்தம்

20-28: நடுத்தரமான மன அழுத்தம்

29-63: கடுமையான மன அழுத்தம்

Dr Jain's Academy of Healing Sciences and Research

(A Centre for Alternative Medicine Research and Training)

With the blessings of all great masters for healing

This is to certify that

L. Jayalakshmi

has satisfactorily completed

Reiki Level I and II

On this 13th day of 13th, 14th

at Chennai

Certificate Number: Ch3315

Course Duration: 14 (hours)

Organized by: Saanmat Health Center

Course Trainer: Dr. N. Sikkandar Kannan Jain
Double grand master • M.D AM. B.P.T

Organization

Saanmat Health Center
India, Tamilnadu, Chennai-101
9840645464

Organized by:

(1865-1926)

DR HAYASHI 1880-1940

HAWAYO TAKATA (1900-1980)

REIKI THERAPY

Introduction:

Reiki is a simple, natural and safe method of spiritual healing and meant for self-improvement. It has been effective in healing virtually every known illness and malady and always creating a beneficial effect. It also works in conjunction with all other medical or therapeutic techniques to relieve side effects and promote recovery. Reiki is a one of the supportive therapy. It has physical, emotional, mental and spiritual features and gives relaxation and feeling of peace and wellbeing.

Reiki is a Japanese technique for stress reduction and relaxation that also promotes healing. It is administered by "laying on hands" and is based on the idea that an unseen "life force energy" flows through us and is what causes us to be alive. If one's "life force energy" is low, then we are more likely to get sick or feel stress, and if it is high, we are more capable of being happy and healthy. (**The International Centre for Reiki Training)**

Meaning of Reiki:

Reiki is a Japanese word composed of two words. REI and KI. Rei which mean spirit and Ki mean energy. The combined meaning of the two words, is Spiritual Energy or a higher form of energy. But in practice Reiki is translated as Universal Energy, Universal Life Force or Universal Energy Field

Reiki treats the whole body, the entire gamut of emotions, mind and spirit. It involves physically, emotionally mentally and spiritually and gives relaxation and feelings of peace and wellbeing.

Origin of Reiki:

Reiki is an ancient healing art that is thousands of years old and was rediscovered in the mid-1800 to early 1900's by Dr. Mikao Usui. He was a Japanese monk and educator who sought the origins of the healing art from the Tibetan sutras, ancient records of cosmology, and philosophy. The laying on of hands method of Reiki is akin to healing used by Buddha and Jesus (Barnett & Chambers, 1996; Hebner, 2000; Rand, 1991; Stein, 1995).

Reiki was developed by Mikao Usui in 1922 while performing *Isyu Guo*, a twenty-one day Buddhist training course held on Mount Kurama, involveing meditation, fasting, chanting, and prayer. Usui had gained the knowledge and spiritual power to apply and attune others to what he called Reiki, which entered his body through his crown Chakra. In April 1922, Usui moved to Tokyo and founded the *Usui Reiki Ryōhō Gakkai* " Dr. Usui passed the Reiki Master initiation to Dr. Chijuro Hayashi and Dr. Hayashi taught Mrs. Hawayo Takata who brought Reiki to the United States in 1938. From there Reiki has spread rapidly. Reiki is taught in separate Level I-Level II.

Five Reiki Principles Taught By Dr Usui

Introduced by Usui and taught to his students as spiritual teachings and were to be followed and be a guide in his/her life. Practice of these principles we would put the user path of self-healing.

The secret of inviting happiness. The spiritual medicine for all illness

- Just for today, do not get angry
- Just for today, do not worry
- Just for today, be grateful
- Just for today, take delight in your work
- Just for today, be kind to others.

Do repeat these at the beginning of each day

Reiki sessions:

Once you have been attuned to Reiki energy you can treat others or yourself with Reiki. It is useful after an attunement to practice daily on yourself, helps for energy flowing. Reiki is not a substitute for traditional medical practise, but it can be an exceptionally useful complimentary therapy.

Chakras

Chakras constitute a key factor in all aspects of Reiki and you should have a basic understanding of what they are. There are 7 major Chakras. They are energy portals where energy flows. When a Chakra becomes blocked, an imbalance occurs. If it is not cleared, illness and Disease can manifest themselves.

1. **The First Chakra** – Root Chakra located at the base of the spine. It is linked to survival and our ability to ground ourselves in the physical world.
2. **The Second Chakra** – Sacral Chakra located just beneath the navel. It is related to our sexual and reproductive capacity.

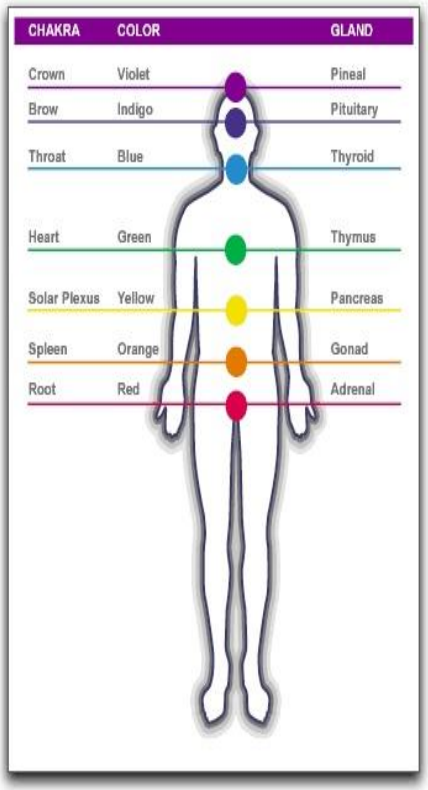
3. **The Third Chakra** – Solar Plexus located behind the solar plexus which gives us our personal power in the world.

4. **The Fourth Chakra** – Heart Chakra located at the Heart and gives us the ability to express love.

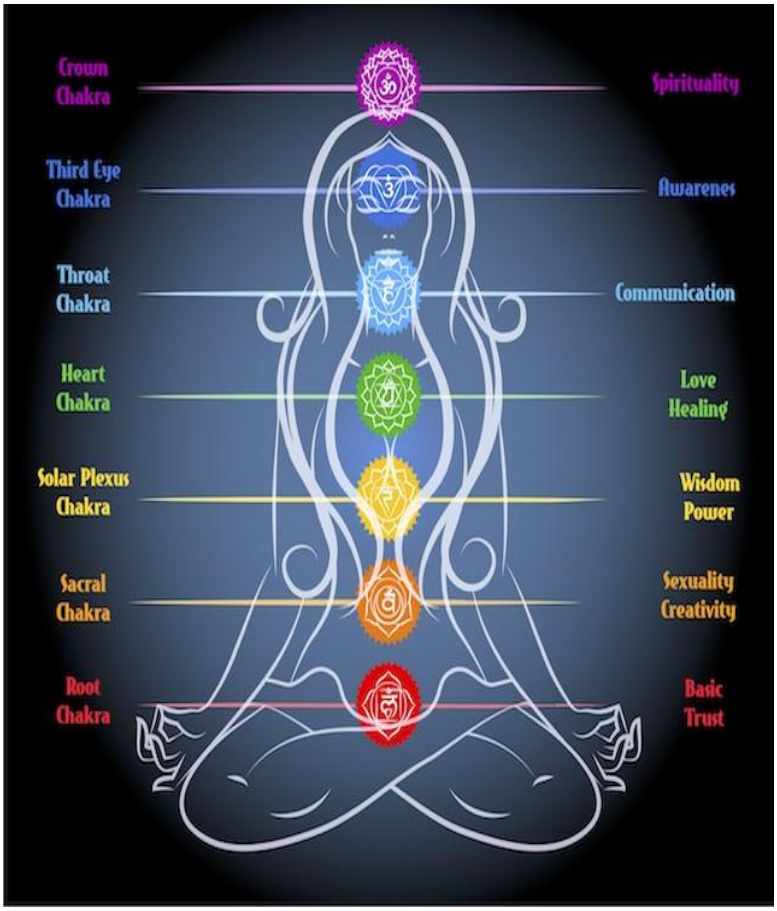
5. **The Fifth Chakra** – Throat Chakra is linked to creativity and communication.

6. **The Sixth Chakra** – Third Eye Chakra located between the eyebrows. This is the centre of intuition and awareness.

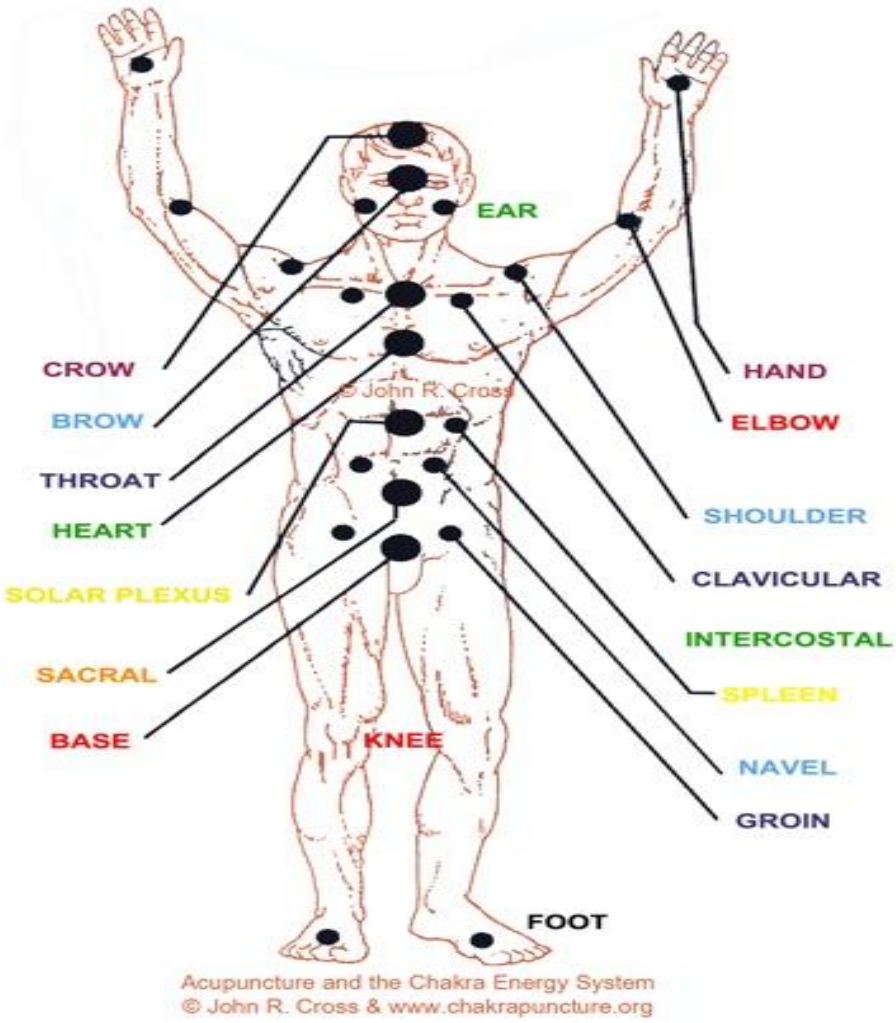
7. **The Seventh Chakra** – Crown Chakra located at the top of the head. This is relates to one's personal and spiritual connection to the universe.



Energy Center	Location	Issues	Gemstone	Color	Note
1st - Root	Base of spine	Physical needs	Obsidian, Garnet	Red	C
2nd - Sacral	Lower abdomen	Sexuality, emotions	Carnelian	Orange	D
3rd - Solar Plexus	Solar plexus	Power, vitality	Citrine, Topaz	Yellow	E
4th - Heart	Heart	Love	Aventurine, Rose Quartz	Green	F
5th - Throat	Throat	Communication	Azurite	Lt. Blue	G
6th - Third Eye	Brow	Intuition	Lapis Lazuli	Indigo	A
7th - Crown	Top of Head	Understanding	Amethyst, Quartz	Violet	B


Crown Chakra
Spirituality
Third Eye Chakra
Awarenes
Throat Chakra
Communication
Heart Chakra
Love Healing
Solar Plexus Chakra
Wisdom Power
Sacral Chakra
Sexuality Creativity
Root Chakra
Basic Trust


Sahasrara
Crown
Ajna
Third Eye
Vishuddha
Throat
Anahata
Heart
Manipura
Solar Plexus
Swadhisthana
Sacrum
Muladhara
Root



Aura

The Aura is the energy field which surrounds our body and interacts with forces within our environment. This energy field has several different functions. Aura regulates the volume of energy within our system; it serves as an advanced contact system with other energy fields and can be used in the diagnosis and treatment of illness. It can be strengthened to provide a means of defence,

The auric body is made up of several layers, one layer for each chakra. Each one of the auric layers is governed by a specific chakra but all the chakras exist on all layers. There are seven auric layers and a total of 56 chakras manifest on all seven layers and the physical body.

The first auric layer is the Etheric layer. The etheric layer is closest to the body and fits nearly like a second skin. It has a definite size and shape. Generally, it extends from 1/4 of an inch to two inches from the body. Lines of energy are readily seen in this section of the aura since it is most closely linked to the physical body. It usually appears to "sight" as a blue or grey light or haze.

The second auric layer is the Emotional body. This layer deals with emotions, including emotions with us and emotions we have for other people. The emotional layer is often seen as a mass of energy swirling about the body. The form pretty much approximates the human shape but is not well defined as the etheric layer. In fact, each layer out becomes less and less structured as a physical person.

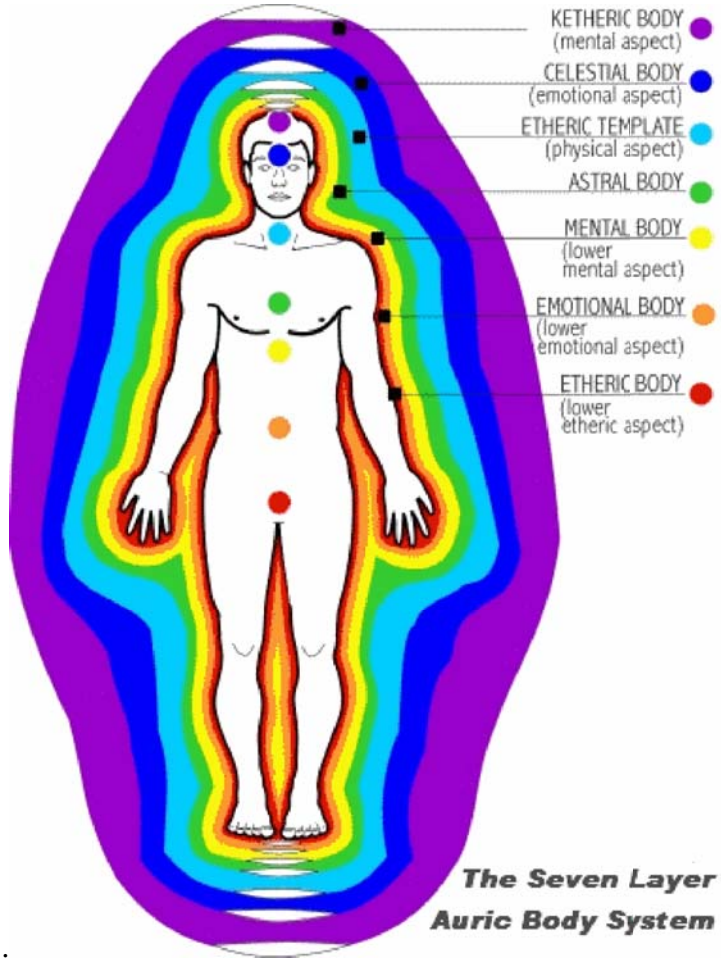
The third auric layer is the mental layer. This is the layer of thought and ideas the layer where concepts are fashioned into reality. It usually is most visible around the head and shoulders as a yellowish light. It is in this layer that thoughts and ideas actually become pronounced.

The fourth auric layer is the astral layer. The astral layer marks the division between the physical layers and the higher layers. This layer is responsible for interaction between individuals. It is the layer of love and of relationship. Emotional bonds are formed on this layer.

The fifth auric layer is the Etheric Template. This is a copy of the physical body on a higher level. It is the "master" copy for the Etheric body to model itself after.

The sixth auric layer is the Celestial body. It is the body of emotional level on the spiritual plane. Through this layer we are able to commune with Spirit. It is the level of unconditional love and trust.

The seventh auric layer is the Ketheric Template, also known as the Causal Body. This is the mental layer of the spiritual level. This layer helps one to become with the Spirit and access to the akashic records and delve into our past lives. It is the layer of true.



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The Body Scan

Scanning is a technique that is useful to know. It is now clear that Usui taught a Scanning technique. Scanning is placing your hands into the energy field of another to get a feeling for differences in their energy field.

Levels of Reiki: Level 1: The student is attuned to 3 Reiki symbols which are imbedded for life within the student's aura, as well as directed to 5 key areas or positions within their body.

Level 2: The Reiki attunement opens the student's Heart Chakra. The purpose is to allow the student to share and experience unconditional Universal love and compassion.

Level 3: Advanced Practitioner Level, or Advanced Reiki 3 Level, or Reiki Master Level.

Attunements

Purpose of Attunement:

The main purpose of an attunement or reiju (pronounced Ray-joo) is to raise the student's energy level to re-connect to the true inner self (soul), plus strengthen the connection to universal spiritual energy.

In Reiki Level 1, the student is attuned through four initiations, to three symbols

- The power symbol -Cho-Ku-Rei,
- The mental/emotional symbol , Sei-He-Ki and
- The distant/absentee symbol , Hon-Sha-Ze-Sho-Nen.

1st initiation:

Energy is utilized through student's physical body to raise the energy vibrational level and to increase healing capacity. Attunement opens crown chakra to access and channel more universal energy light, plus initiate universal wisdom and purpose to flow.

2nd initiation

Energy operates through student's etheric body (spiritual double located slightly above the physical body). Attunement opens cervical and spinal column to improve the functioning of entire nervous system, plus open throat chakra to enhance communication

3rd initiation:

Balances student's right and left brain for clearer thinking and action

4th initiation:

Influences student's pineal and pituitary glands, which increase higher consciousness and intuition. The pineal gland located at the 7th chakra (crown) increases perception of light, plus connects student to the universal source of energy. The pituitary gland located at the 6th chakra (third eye) is also influenced to balance the endocrine system (see diagram page 19), as well as the brain. The symbols are permanently sealed into the student's hands and aura, before the energies between student and Master, are disconnected. This initiation completes the process allowing the energy channels to remain open

Preparing Students for Attunement Process (to relax student)

- Play soft Reiki music if you like
- Sit with feet flat on the floor, place hands on laps (avoid crossing limbs – this indicates non-acceptance for receiving)

- Close your eyes, take 3-deep breaths and relax
- Take a moment to scan yourself
- Starting at your feet and working upward toward your crown, observe any tenseness and relax each muscle
- Say to students, “You are safe and secure at all time

SYMBOLS OF REIKI:

1. Choku Rei ***2. Sei He Ki*** ***3. Hon Sha Ze Sho Nen***

How Reiki works

We are alive due to life force is flowing through us. Life force energy flows within the physical body through pathways called chakras, meridians and nadis. It also flows around us in a field of energy called the aura. Life force nourishes the organs and cells of the body, supporting them to do vital role. While this life force energy depleted, it causes diminished function in one or more of the organs and tissues of the physical body.

The life force energy is a reflection of our thoughts and feelings. It becomes disturbed when we meet, either consciously or unconsciously, negative thoughts or feelings about ourselves. These things attach themselves to the energy field and cause a disruption in the flow of life force, reducing the vital functions of our body. Reiki heals by flowing through the affected parts of the energy field and charging them with positive energy.

When treating others, there are a number of hand positions to use. Each position is held for 3 to 5 minutes, more or less, before moving to the next position. Trust your intuition. At times you might feel led to place your hands on a certain area, and in this case trust your intuition and do that. Reiki sessions are conducted with the client fully clothed. When working around private areas you hold your hands about 3 to 5 inches above the area, instead of directly on the person. Ask the person to remove his shoes and to close his eyes and relax. As you place your hands in the first position say to yourself “Reiki On”. This will focus your intentions on the start of the Reiki flow.

Hand positions and locations of Self-healing and healing others:

1. **Face**: This position covers your fore head (third eye chakra) and eyes, nose, ears, etc. A few minutes of Reiki in this position will relax all the muscles in this region and bring a glow on your face. With practice you will literally feel the stress dissolving. Your body will not have any proneness to cause head-aches when you do this regularly.

2. **Temples and your brain:** Your brain controls many parts of your body. This position helps you in maintaining healthy teeth and jaws.

3. **Brain(head)**

4. **Throat:** This energises many vital parts of the body. Constant practice will give you a voice and helps you to communicate.

5. **Heart chakra**: This will transform your relations and fill your heart with love, forgiveness and compassion. This helps to energise the thymus gland and thus has the potential to improve your mood instantly.

6. **Solar plexus and organs like stomach, liver, etc**. This position gets you heal past emotional pain and thereby heals

7. **Abdominal area:** With continuous practice, not have any proneness, you will find your breathing getting normal and natural

8. **Pelvic area**. This is the Reiki hand position for fertility and abundance. Practice makes you to feel as a peaceful person.

9. **Shoulders and neck area**: This gives you more strength to fulfil your responsibilities. It gives you unlimited strength and power.

10. **Upper back and shoulder blades:** This position heals vital organs like the lungs, etc.

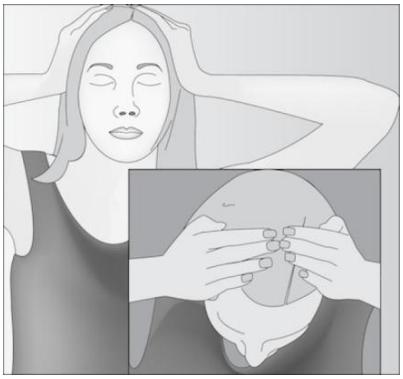
11. **Lower back along with your kidneys and other organs**: It gives you strength and vitality. A few minutes of healing at this position makes you full of energy. These positions also energise your joints, tissues, muscles and bones.

12. **Spine area and your root chakra**: It makes you feel grounded and settled in just a few minutes. As with other hand positions, this one also heals other organs in this area.

Hand positions to heal self

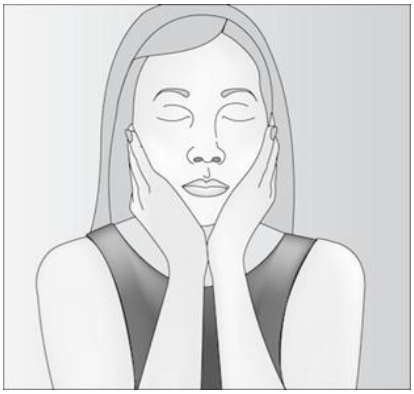
1. Face

2. Crown and Top of the Head



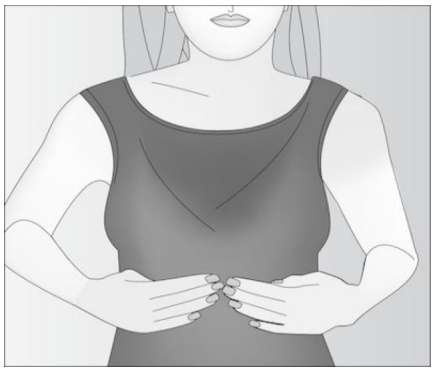
3. Back of the Head

4. Chin and Jawline



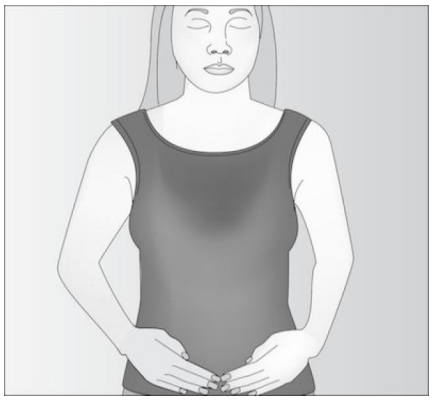
5. Neck Collarbone and Heart

6. Ribs and Rib Cage



7. Abdomen

8. Pelvic Bones

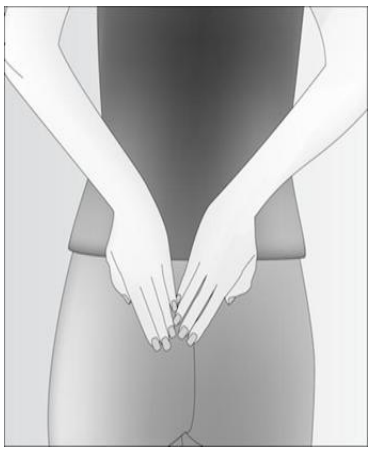


9. Shoulder Blades

10.Midback

11. Lower Back

12. Sacrum



Reiki hand positions to heal others

Hands on shoulders This is comforting for the client while Isay prayers for us both and feel the Reikienergy start to flow.	1 - Crown chakra Place both hands on the crown of the head .

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2 - Third eye chakra With one hand behind the head and the other on the forehead or both hands could be under the head.	3- Ears and jaw With respect to the client's boundaries, the hands may need to be held just away from the face

4 - Throat chakra Touching the throat is uncomfortable but resting one hand on the collar bone may Be comfortable enough.	5-Heart chakra 3Obviously when treating a woman hands Should be held away from the chest.

6 - Solar plexus chakra One hand each side of the solar plexus chakra works well	7 - Sacral chakra With the hands each side of the chakra. The sacral chakra is about a hand's width below the navel.

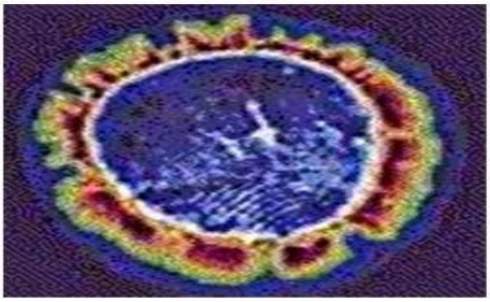
8 - Base chakra Both hands can be held away from the base chakra or the hands can be placed to each side, on the hips.	9 - Arms Hold the client's hand with thumbs Inter-locking and one hand on the shoulder. Then do the other arm.

10 – Legs Place one hand on the hip and other on the middle of the foot. Then do the other foot.	11 - Feet It is grounding and comforting for the clients to Reiki both feet at once at the end.

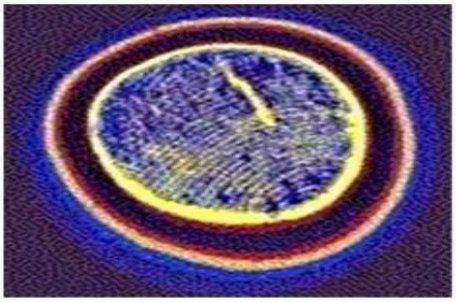
12 - Sweeping strokes over the body To finish, move the hands in sweeping strokes, as if brushing through the aura just above the body, from head to toe.	Hands on shoulders At the end I take time to feel gratitude and give thanks for the Reiki healing and the blessings we have received.

Kirlian photography

Kirlian photography is a technique of photographing the etheric energy patterns around living things. Pioneered by Semyon Kirlian, a Russian researcher in the 1940's, it is based on a phenomenon known as corona discharge. This discharge pattern seems to follow the pattern of the etheric aura. As you can see from the images above, the energy after Reiki is stronger, more organized, and more balanced.



Before healing
The bright outer layer which normally acts as a protective layer (aura) is gone fading and has a lot of negativity



After healing
The energy is cleaner and the aura is intact again

Indications for Reiki therapy:

- Cancer
- Heart disease
- Anxiety
- Depression
- Chronic pain
- Infertility
- Neurodegenerative disorders
- ADD/ADHD
- Autism/developmental delays
- HIV/AIDS
- Crohn's Disease
- Irritable Bowel Syndrome
- Traumatic brain injury

- Emotional illness, including mild psychosis
- Fatigue syndromes
- End-of-life care and bereavement (By Andrea Stillman)

Contra indications

No contra indications for Reiki therapy.

Reiki is for everyone: it heals adults, babies, toddlers, children, elderly and pets and plants

Reiki and Depression:

Regular Reiki self-healing can make anyone totally free from feelings of helplessness, hopelessness and worthlessness and make life positive again. It may affect sleep, concentration, level of thinking, appetite and psychological condition. . Reiki reduces the mental stress, anxiety, depression and the pains. The negative thoughts, emotions and feelings disturb the flow of life force energy in our body. Reiki produces a good effect by dissolving the barrier in the flow of life force energy. Reiki symbols, positions, self Reiki symbols, positions, self-healing methods, distance healing techniques all are highly useful in treating depression.

Symbols to treat Depression

Choku Rei:

The general meaning of Choku Rei is: "**Place the power of the universe here**". This is power symbol which can be used for increasing the power of Reiki. It can also be used for protection. See it as a light switch that has the intention to instantly boost your ability. Draw or visualize the symbol in front of you and you will have instant access to more healing energies.

Sei He Ki:

This symbol is used for the treatment of depression and heals mental and emotional illness, protection, clearing, balancing and purification of mind. It also reduces the fear, anger and sadness.

Hon Sha Ze Sho Nen:

This symbol can be used as distance Reiki across the room, across the country or any part of the world. This symbol is also called 'The awakened Heart'. This symbol can heal the Karmic and problems associated with it. It is helpful in relieving the mental and emotional pain as well as stress.

Depression and Chakras

Root Chakra represents the physical power of a person and has association with parts of the body, such as spine, teeth, anus, colon, rectum, cell building parts and blood. Root Chakras influence the suprarenal glands, which are responsible for production of emergency hormone (adrenalin). Root Chakra imbalances can cause physical problems to a person and makes them low from body and mind. The creative energy of such a person becomes low and they lose their self-control and get indulged into sensual pleasures. They become selfish, overweight, constipated, irritable, upset, violent and aggressive; even for minor things. In a few cases, this chakra is fully blocked and will induce feelings of uncertainty in a person.

Naval Chakra is the reproductive centre of a human being. It is associated with all liquids in the body (lymph, blood, gastric juices, and regulators of menstrual cycle in females), kidneys, bladder and pelvic region. Prostate gland, ovaries, testicles and gonads are associated with this chakra. The activeness in this chakra will make a person free and ease the self-expression in them. It will also make interpersonal experiences good and create high esteem

of human being. Any disharmony in this chakra will turn off sensual feelings and make a person low and create lowness in sexual charm in individuals. This can induce suicidal thoughts in nature.

Solar Plexus Chakra is the power centre of human beings. Solar Plexus Chakra is located between high and low chakras of body and purifies the basic instincts to direct the creative energy to higher values of life. It helps in the integration of wit, is associated with nervous system, digestion, lower back region, abdomen, liver, spleen and stomach areas. Solar Energy is absorbed by the body through this chakra. It energizes and maintains the parts of the body and govern the emotional being of a person. A person having blockage in this chakra would feel unbalanced body and mind. They will get negative, restless and gloomy in nature. They might feel rejected and discouraged, and will forget their true goals in life.

The symptoms of a person having acute depression can affect him physically, mentally or emotionally. The blockage in any of the above mentioned chakras will have a negative impact on mind, body and attitude of a person. The energy levels of a person will become lower and driving him to avoid situations requiring expression of feelings. He becomes unsound physically and emotionally. There will be decrement in physical stamina and even the moody nature will become a big hassle for a person. The interest in life will become less and the person will refuse for socialization. In extreme cases, the person might think about ending his/her life.

Positions to treat depression:

Reiki hand positions are there for treating self & others. These Reiki positions are very helpful to relieve mental depression. Hands are placed on energy centres of the body which is called Chakras. The endocrine system is influenced by these energy centres, when Reiki is given to the energy centres

there is a balancing effect on the glands. Place hands on the back of the head and give Reiki, which will promote relaxation and relieves headaches associated with depression.

- Place your hands on the either sides of the umbilicus and give reiki , that will helps to relieves the symptoms like nausea, vomiting, stomach ache and indigestion and ultimately will reduce the depression.

- For muscle ache and headache, place hands across the shoulder (scapulae) at mid to upper point. This position will helps us to relieve the head ach, muscle pain and stomach pain.

- Place the hands across the lower ribs which impact the kidneys and improve the function of the adrenalin glands and definitely change the mood to obtain positive health.

How Reiki works on depression:

The person suffering from acute depression requires healing from the Reiki grand master. He requires visiting the clinic for 21 sessions where his aura is cleaned and set free of the dark spots on the *chakras*. The Reiki grandmaster heals all the affected *chakras*. The patient needs to have a positive attitude and accept the healing energy passed on to him. After these 21 sessions the patient feels totally positive and out of depression. Reiki healing shuns all the negative energy and helps human being to combat depression.

Reiki - a powerful and gentle healer (Benefits)

- Promotes natural self-healing
- Balances the energies in the body
- Balances the organs and glands

- Strengthens the immune system
- Treats symptoms and causes of illness
- Relieves pain
- Clears toxins
- Adapts to the natural needs of the receiver
- Enhances personal awareness
- Relaxes and reduces stress
- Promotes creativity
- Releases blocked and suppressed feelings
- Aids meditation and positive thinking
- Heals holistically and Reiki is easy to learn

செவிலியர் கல்லூரி

சென்னை மருத்துவ கல்லூரி

சென்னை-03

ரெய்கி மற்றும் மன அழுத்த நோயாளிகளுக்கிடையே ரெய்கி பயிற்சியின் முக்கியத்துவம் பற்றிய தகவல் கையேடு

ஆய்வாளர்

லெ.ஜெயலெட்சுமி

முதுநிலை செவிலியர் மாணவி

இரண்டாம் ஆண்டு

செவிலியர் கல்லூரி

சென்னை மருத்துவ கல்லூரி

சென்னை-03

வணக்கம்

நான் என்னுடைய செவிலிய முதுநிலைப் படிப்பில் மன நல செவிலிய பிரிவில் தற்போது திட்ட ஆராய்ச்சி செய்து கொண்டு இருக்கிறேன். என்னுடைய ஆராய்ச்சி மன அழுத்த நோயாளிகளுக்கிடையே ரெய்கி பயிற்சி மூலம் மன அழுத்தத்தை குறைக்கும் ஆய்வு செய்வதாகும். நான் இதில் உங்களுக்கு ரெய்கி பற்றியும் ரெய்கி பயிற்சியினால் ஏற்படும் நன்மைகள் பற்றியும் இந்த கையேட்டில் விளக்கியுள்ளேன்.

ரெய்கி (REIKI)

ரெய்கி என்பது மருந்தில்லா மருத்துவம். பரபரப்பான இந்த உலகத்தில் எல்லோருமே ஒரு வெற்றியின் இலக்கை நோக்கி செல்கின்றோம். ஆனால் அனைவரும் வெற்றி அடைவதில்லை. இதற்கு ஏதோ ஒரு தடை அதாவது உடல் சம்மந்தப்பட்ட சிறு சிறு பிரச்சனைகள் மற்றும் மனம் சம்மந்தப்பட்ட கோவம், வெறுப்பு, மனழுத்தம். இந்த மாற்றத்திற்கெல்லாம் அடிப்படை காரணம் உடல், மனம், என்ணம் இவைகளில் ஏற்பட்ட சக்தி குறைபாடுதான். இந்த சக்தியினை நாம் பிரபஞ்சத்திலிருந்து ஈர்த்துக்கொள்ளவேண்டும். நாம் ஈர்க்கும் சக்தி முழுவதும் உள்ளே சென்றடைய சக்தி பாதைகள் ,மையங்கள் சரியான முறையில் வேலை செய்ய வேண்டும்.இதில் ஏதெனும் அடைப்புகள் இருந்தால் நம்மால் சரிவர நம்மை முன்னேற்றிகொள்ள முடியாது.இந்த அடைப்புகளை சரிசெய்வதுதான் ரெய்கி பயிற்சியின் நோக்கம். சக்தியடைப்புகள் நம்மில் உள்ள ஏழு சக்கரங்களில் உள்ளது இதனை நிவர்த்தி செய்தால் உடலும் மனமும் சுகமாகும், நாம் வெற்றியின் இலக்கை அடையலாம். நம் கண்ணிற்கு புலப்படாத சக்தி உடல் நம்மை சுற்றி உள்ளது. அதை ஆரா என்று

கூறுவார்கள். இந்த சக்கரங்களின் மூலம் பிரபஞ்ச சக்தியை இழுத்துகொண்டு நாம் நம்மை சுகத்துடன் வைத்துகொள்ள வேண்டும்.

ரெய்கி என்பது உயிர் சக்தியை குறிக்கும் சொல் இந்த உயிர் சக்தி பிரபஞ்சமெங்கும் பரவிகிடப்பது, நமக்குள்ளும் மறைந்து இருப்பது.இயற்கை வழியில் நோய்களை குணப்படுத்த உதவும் ரெய்கியை சர்வரோக நிவாரணி என்றாலும் பொருந்தும். இது வாழ்க்கையின் தரத்தை உயர்த்தும். நம்மால் தொட்டுணர முடியாத, நமக்கு புரிபடாத, பிடிபடாத ஒன்றாக இது தோன்றலாம். ரெய்கியை வெப்பமாகவும், குளுமையாகவும், அதிர்வலைகளாகவும் நாம் உணர முடியும்.

ரெய்கியின் வரலாறு:

ரெய்கி- '**ரெய்**' என்றால் பிரபஞ்சம்.'**கி**' என்பது சக்தி. எங்கும் பரவி நிற்கிற, எல்லாவற்றிலும் படிந்திருக்கி ற சக்தி பிரபஞ்ச சக்தி.

ரெய்கி பயிற்சி முறையை மிக்காவோ உசுஇ என்ற குருக்கள் மூலம் உலகிற்கு அறிமுகபடுத்தப்பட்டது. 1900ஆம் ஆண்டு முதல் 1926 ஆம் ஆண்டு வரை 16 பேர் அவரின் சீடராயினர், அவர்களில் ஒருவர்தான் ஹயாஷி. ரெய்கி சிகிச்சை அளிக்கும் முதல் மருதுவமனையை ஹயாஷி உருவாக்கினார். அவர் இரண்டு பெண்களுக்கு தமது சிகிச்சையை கற்று தந்தார் அவர்களில் ஒருவர்தான் ஹவாயோ டகாடா. இவர் தேக வலிமையை முற்றிலுமாக இழந்த நிலையில் நோயளியாக ரெய்கி சிகிச்சை பெற்று 1941 முதல் ரெய்கி சிகிச்சை முறைக்கு வாரிசு ஆனார். 1980 ஆம் ஆண்டு அவர் இயற்கை எய்துவதற்கு முன்பாக அமெரிக்காவிலும் கனடாவிலும் 22 ஆசான்களை உருவாக்கினார். அவருடைய முயற்சியில் அமெரிக்கா

ரெய்கி கழகம் தோன்றியது. இப்பொழுது நவீன உலகத்திலும் முத்திரை பதித்து வருகிறது.

ரெய்கி தொட்டால் சுகம் என்ற முறையை கையாளுகிறது. நம் கண்ணிற்கு தென்படாத சக்தியை (உடலை) தொட்டு சரி செய்வதுதான் தொட்டால் சுகம். ரெய்கி பயிற்சியாளர்கள் பிரபஞ்ச சக்த்தியை இழுத்து அவர்களின் கைகள் மூலம் நமக்கு செலுத்துவார்கள். அந்த சக்தி சக்கரங்களில் உள்ள குறைபாடுகளை நீக்கி நம்மை தெளிவுபடுத்தும்.

ரெய்கியின் ஐந்து ஆன்மிக உண்மைகள்

- இன்று மட்டுமேனும் கோபத்தை விடுவேன்
- இன்று மட்டுமேனும் சஞ்சலபடாதிருப்பேன்
- இன்று எனக்கு கிடைத்தவற்றை கருத்தில் கொள்வேன்
- இன்று எனது பணியை நேர்மையாக செய்வேன்
- இன்று ஒவ்வொரு ஜீவராசியிடமும் கருணை காட்டுவேன்

இந்த ஐந்து கொள்கைகளை கடைபிடித்தால் வாழ்வில் சிறந்து விளங்க முடியும். இவைகளை நம்மால் உடனே கடைபிடிக்க முடியாதுதான் ஆனால் முயன்றால் முடியாதது ஒன்றும் இல்லை கொஞ்சம் கொஞ்சமாக நம்மை மாற்றிக்கொள்ளலாம். முகம், தலை, மூளை, தொண்டை, இதயம், வயிறு, தோள்பட்டை , கழுத்து, முதுகு மற்றும் பல பாகத்தில் பயிற்சியளர்கள் தனது கையை வைத்து சக்தியை நம்முள் செலுத்துவார்கள். சக்த்தியை செலுத்தும் போது சில குறியீடுகளை மனதில் நினைத்துக்கொண்டு சக்திக்கு மேலும் சக்தி ஊட்டுவார்கள்.

ஏழு சக்கரங்கள்

- மூலாதாரம்
- சுவாதிட்டானம்
- மணிபூரகம்
- அநாகதம்
- விசுத்தி
- ஆக்ஞா
- சஹஸ்ரஹாரம்:

மூலாதாரம்:

முதுகெலும்பின் அடிபாகத்தில்அமைந்துள்ள இந்த சக்கரம்தான் உடல் சக்தியின் இருப்பிடம். உயிர் வாழவேண்டும் என்ற ஆசையும், பிடிவாதமும் இங்கேதான் உருவாகிறது. இது உயிர் இயக்கத்துக்கு மூல காரணமாக விளங்குவதால் மூலதாரம் என்று பெயர் பெற்றது.சிறுநீரகங்களுக்கு மேளுள்ள அட்ரீனல் சுரப்பிகள் இதன் கட்டுப்பாட்டில் உள்ளது. சிறுநீரகங்கள், சிறுநீர்ப்பை, முதுகுதண்டு ஆகியவை சக்கரத்தின் கட்டுப்பாட்டில் உள்ளது.

சுவாதிட்டானம்

இது பாலியியல் உணர்வுகளை தூண்டும் சக்கரம். தொப்புளுக்கு சற்று கீழே உள்ளது. பாலியியல் சக்தியை கொடுப்பதிலும் பெறுவதிலும் இதற்கு முக்கிய பங்கு உண்டு. மற்றவர்களின் உணர்வுகளை உணர்கின்ற சக்தியும், ஈகோவிற்கும் இந்த சக்திதான் காரணம். ஐம்புலன்களையும் தாண்டி அறிகிற சக்தியும் இங்கிருந்துதான் கிடைக்கிறது. பாலியியல் சுரப்பிகள் மீது

இது ஆதிக்கம் செலுத்துகிறது. உற்பத்தி உறுப்புகள், கால்கள் இதன் கட்டுப்பாட்டில் உள்ளது.

மணிபூரகம்:

தொப்புளுக்கு சற்று மேலே உள்ளது. இந்த பகுதியில் இருந்துதான் உடல் இயக்க சக்தி உடலெங்கும் விநியோகிக்கப்படுகிறது. கட்டுகடங்காத உணர்ச்சியும் இங்குதான் கருக்கொள்கிறது. அதனால்தான் அதிர்ச்சியோ பய உணர்ச்சியோ ஏற்படுகின்ற போது இந்த பகுதியில் உள்ள தசைகள் இறுக்கமடைந்து விடுகின்றன. கணையம் என்ற சுரப்பி இதன் கட்டுப்பாட்டில் தான் உள்ளது. இரைப்பை, கல்லீரல், பித்தப்பை, மண்ணீரல் இதன் கட்டுப்பாட்டில் இயங்குகின்றன.

அநாகதம்:

இதய சக்கரம் என்ற இன்னொரு பெயரும் உண்டு. மார்பின் மையத்தில் இருதயம் உள்ள பகுதியில் இது இருக்கிறது. அன்பு, பாசம், சகோதரத்துவம், விசுவாசம், பக்தி ஆகிய அனைத்து நல்லியல்புகளின் இருப்பிடமும் இதுதான். தைமஸ் சுரப்பி இதன் கட்டுப்பட்டில் செயல்படுகிறது. இதயம், நுரையீரல்கள், இரத்தஓட்டம், கல்லீரல் ஆகியவையும் இதன் ஆதிக்கத்தில் இருக்கின்றன.

விசுத்தி:

இதற்கு குரல்வளை சக்கரம் என்றொரு பெயரும் உண்டு. தொடர்பு கொள்ளுதல், எண்ணங்களை வெளிப்படுதுத்தல், படைபாற்றல், ஆகியவை இதன் கட்டுப்பாட்டிற்கு உட்பட்டவை. நம்முடைய புலன்களுக்கு அப்பால் அறியக்கூடிய விஷயங்களை

இதன் மூலம் தான் அறிகிறோம். தைராய்டு சுரப்பி இதன் கட்டுப்பாட்டில் இருக்கிறது. குரல்வளை, மூச்சுக்குழல், உணவுக்குழல், கைகள் இதன் கட்டுப்பாட்டில் செயல்படுகின்றன.

ஆக்ஞா:

இது நெற்றிக்கண் சக்கரம். இரண்டு புருவங்களுக்கு மத்தியில் சற்று மேலே உள்ளது. தொலை உணர்தல், தொலை அறிதல், போன்ற சக்திகள் இதன் மூலமாகத்தான் கிடைகின்றன. அறிவு, மன வலிமை, ஆகிவற்றின் இருப்பிடம் இது. இந்த கண் திறக்கின்ற போது ஆன்மிக கண் திறப்பாக ஞானிகள் சொல்கிறார்கள். பிட்யூட்டரி சுரப்பி இதன் கட்டுபாட்டில் உள்ளது. தண்டுவடம், மூளையின் கீழ் பகுதி கண்கள், மூக்கு, காதுகள் ஆகியவை இதன் ஆதிக்கத்துக்கு உட்பட்டவை.

சஹஸ்ரஹாரம்:

இதற்கு தாமரை சக்கரம் என்று பெயர். இது உச்சந்தலை பகுதியில் அமைந்திருகிறது. இந்த சக்கரத்தின் மூலம்தான் ஒருவர் ஞனத்தை பெற முடியும். பிரபஞ்சத்துக்கும், நமக்கும், உள்ள தொடர்பினை தெளிவு படுத்துகின்ற சக்கரம் இது. எதை செய்ய வெண்டும் என்று முன் கூட்டியே உணர்கின்ற சக்தி இதிலிருந்துதான் கிடைக்கிறது. பீனியல் சுரப்பி இதன் கட்டுப்பாட்டில் இருக்கிறது. மூலையின் மேல் பகுதியும் இதன் கட்டுப்பாட்டில் உள்ளது.

குறீயீட்டின் பெயர்:

1. சோ-க்கு-ரே (*Choku Rei*)
2. செய்- கை- கி(*Sei He Ki*)
3. ஹான் -சஷி- ஷோ- நென்(*Hon Sha Ze Sho Nen*)

சோக்குரே:

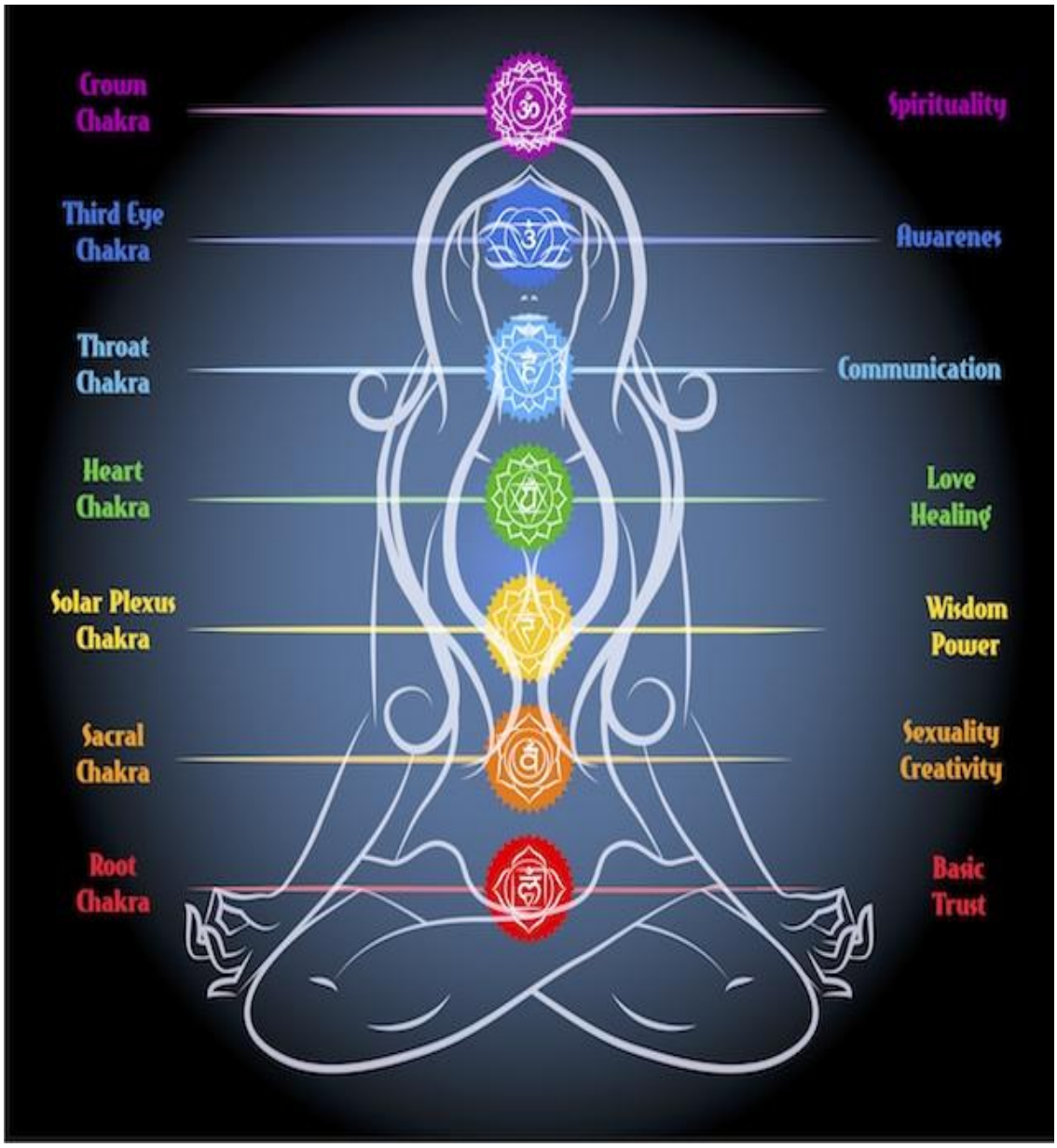
சோக்குரே என்பது சக்தி, மற்றும் ஆற்றல் இவற்றை அளிக்கும்.இதற்கு பவர் சிம்பல் என்று பெயர்.

செய்- கை- கி:

இது மனதில் ஏற்படும் கவலைகள் குழப்பங்கள், மன அழுத்தம், இவற்றை போக்கும். மனதை ஒருநிலை படுத்தவும், மனதை சுத்தம் செய்யவும், பயம் மற்றும் கோவத்தை அகற்றவும் உதவும்.

ஹான்- ஷ- சி- ஷோ- நென்:

இந்த சிம்பலை பயிற்சியாளர்கள் தூரத்தில் உள்ள நபருக்கு ரெய்கி கொடுக்க பயன்படுத்துவார்கள். இந்த சிம்பல் நம்மின் கரும பிரச்சனைகளை போக்கும் மற்றும் மனழுத்தம் மற்றும் மனதில் ஏற்படும் பிரச்சனைகளையும் அகற்றும். ரெய்கி பயிற்சி மன மனஅழுத்தத்தை விரட்டி அடிக்கும். அதற்கு முதலில் நாம் ரெய்கியை முழுமையாக நம்ப வேண்டும். நாம் முழு மனதுடன் சிகிச்சயை பெற்றுகொள்ள வேண்டும்.



“அகம் பிரம்மாஸ்மி“ (மனமே குரு)

INFORMED CONSENT

Investigator : L.Jayalakshmi.

Name of Participant :

Age/sex :

Date :

Name of the institution: Institute of Mental Health, Chennai -10.

Title : A study to assess the effectiveness of Reiki therapy to reduce the level of depression among depressive clients at Institute of mental health, Chennai-10.

Documentation of the informed consent: (legal representative can sign if the participant is minor or competent).

- I _____have read/it has been read for me, the information in this form. I was free to ask any questions and they have been answered. I am over 18 years of age and exercising my free power of choice, hereby give my consent to be included as a participant in the study.
- I have read and understood this consent form and the information provided to me.
- I have had the consent document explained in detail to me.
- I have been explained about the nature of my study.
- My rights and responsibilities have been explained to me by the investigator.
- I agree to cooperate with the investigator
- I have not participated in any research study at any time.
- I am aware of the fact that I can out of the study at any time without having to give any reason

- I hereby give permission to the investigators to release the information obtained from me as a result of participation in this study to the regulatory authorities, government agencies and Institutional ethics committee. I understand that they are publicly presented.
- My identity will be kept confidential if my data are publicly presented.
- I am aware that I have any question during this study; I should contact the concerned investigator.

Signature of Investigator	Signature of Participant
Date	Date

INFORMATION TO PARTICIPANTS

Title : A study to assess the effectiveness of Reiki therapy to reduce the level of depression among depressive clients at Institute of mental health, Chennai-10.

Name of the Participant :

Date :

Age/sex :

Investigator : L.Jayalakshmi

Name of the institution : Institute of Mental Health

Enrolment No :

You are invited to take part in this study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to Cooperative in this study being conducted in Institute of Mental Health

What is the Purpose of the Research (explain briefly)

This research is conducted to evaluate the effectiveness of Reiky therapy among the depressive clients at Institute of Mental Health. We have obtained permission from the Institutional Ethics Committee.

Study Procedures.

- The depression level of each participant will be assessed before the procedure by using beck depression scale.

- Reiki therapy will be taught daily for half an hour for 7 days by the investigator .The level of depression will be assessed after 7 days.

Possible benefits to other people

The result of the research may provide benefits to the all depressive clients and also empathetic care to them by investigator.

Confidentiality of the information obtained from you

You have the right to confidentiality regarding the privacy of your personal details. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

How will your decision not to participate in the study affect you?

Your decisions not to participate in this research study will not affect your activity of daily living, medical care or your relationship with investigator or the institution.

Can you decide to stop participating in the study once you start?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during course of the study without giving any reasons.

Your Privacy in the research will be maintained throughout study. In the event of any publications or presentation resulting from the research, no personally identifiable information will be shared.

Signature of Investigator Signature of Participants

Date Date

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு : மன அழுத்த நோயாளிகளுக்கிடையே ரெய்கி பயிற்சி மூலம் மன அழுத்தத்தை குறைக்கும் செவிலிய ஆய்வு.

ஆய்வாளர் பெயர் : லெ.ஜெயலெட்சுமி

பங்கேற்பாளர் பெயர் :

வயது/பால் :

தேதி :

செவிலிய ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடனும் சம்மதிக்கலாம். இதில் பங்கேற்பதன் நோக்கம். இந்த ஆராய்ச்சியில் தகவல்களை தெரிந்து கொள்வதற்காகவும். அதனை பயன்படுத்துவதற்காக மட்டும் தான்.

இந்த ஆராய்ச்சியின் நோக்கம்: மன அழுத்த நோயாளிகளுக்கிடையே ரெய்கி பயிற்சி மூலம் மன அழுத்தத்தை குறைப்பது

ஆராய்ச்சி மேற்க்கொள்ளும் முறை

இந்த ஆராய்ச்சியில் செவிலிய ஆய்வாளர் மன அழுத்த நோயாளிகளுக்கிடையே தயார் செய்த கேள்வி மூலம், ரெய்கி பயிற்சி பயன்படுத்தும் முறைகளை கற்றுதருவதற்கு முன்பு மற்றும் பின்பு அவருடைய அறிவு திறன் மேம்படுவதை அறியலாம்.

இதனால் ஆய்வாளருக்கான பயன்

இந்த ஆய்விற்க்கு பின் மன அழுத்த நோயாளிகளுக்கிடையே ரெய்கி பயிற்சி மூலம் மன அழுத்தத்தை குறைக்கும் முறைகளை பயன்படுத்தியதின் தாக்கத்தினை அறியலாம்

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இதனால் பங்கேற்பாளருக்கான பயன்

இந்த ஆய்வு மன அழுத்தத்தால் ஏற்படும் பின் விளைவுகளை தவிர்க்கவும், அவரின் அறிவு திறனையும் மேம்படுத்துகிறது.

ஆராய்ச்சியில் பங்கேற்கவில்லை என்றாலும், உங்களின் சராசரி வாழ்க்கைமுறை, மருத்துவரின் ஆலோசனை மற்றும் சிகிச்சை முறையில் எந்த வித மாற்றமும் ஏற்படாது என்பதை தெரிவிக்கிறேன்.

இந்த ஆராய்ச்சியில் பங்கேற்க விருப்பம் இல்லை என்றால் உங்களின் முழுமனதுடன் நீங்கள் இந்த ஆராய்ச்சியில் இருந்து விலகி கொள்ளலாம் என்பதை தெரிவிக்கிறேன்.

இந்த ஆராய்ச்சியில் உங்களின் மருத்துவதகவல்களை பாதுகாப்பாக வைத்துகொள்கிறேன் என்பதை தெரிவிக்கிறேன்.

இந்த ஆராய்ச்சியின் தகவல்களை வெளியிடும் போது, உங்களை பற்றிய அடையாளங்கள் வெளிவராது என்பதை உறுதி கூறுகிறேன்.

ஆய்வாளர் கையொப்பம் பங்கேற்பாளர் கையொப்பம்

தேதி தேதி

ஆராய்ச்சி ஒப்புதல் படிவம்

<u>ஆராய்ச்சி தலைப்பு : மன அழுத்த நோயாளிகளுக்கிடையே ரெய்கி பயிற்சி மூலம் மன அழுத்தத்தை குறைக்கும் செவிலிய ஆய்வு</u>

ஆய்வாளர் பெயர் : லெ.ஜெயலெட்சுமி

பங்கேற்பாளர் பெயர் :

வயது/பால் :

தேதி :

- ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடனும் சுயநினைவுடனும் சம்மதிக்கிறேன்.
- ஆய்வாளர் மேற்கொள்ளபோகும் பரிசோதனைகளை மிக தெளிவாக விளக்கிக்கூறினார்.
- எனக்கு விருப்பமில்லாத பட்சத்தில் ஆராய்ச்சியிலிருந்து எந்நேரமும் விலகலாம் என்பதையும் ஆய்வாளர் மூலம் அறிந்து கொண்டேன்.
- இந்த ஆராய்ச்சி ஒப்புதல் கடிதத்தில் உள்ள விவரங்களை நன்கு புரிந்துகொண்டேன். எனது உரிமைகள் மற்றும் கடமைகள் ஆராய்ச்சியாளர் மூலம் விளக்கபட்டது.
- நான் ஆராய்ச்சியாளருடன் ஒத்துழைக்க சம்மதிக்கிறேன்.எனக்கு ஏதேனும் உடல்நலகுறைவு ஏற்பட்டால் ஆராய்ச்சியாளரிடம் தெரிவிப்பேன்.
- நான் வேறு எந்த ஆராய்ச்சிலும் தற்சமயம் இடம்பெறவில்லை என்பதை தெரிவித்துகொள்கிறேன்.
- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிட சம்மதிக்கிறேன்.அப்படி வெளியிடும்போதுஎன் அடையாளம் வெளிவராது என்பதை அறிவேன்.
- எனக்கு இந்த ஒப்புதல் கடிதத்தின் நகல் கொடுக்கபட்டது.

ஆய்வாளர் கையொப்பம் பங்கேற்பாளர் கையொப்பம்

தேதி தேதி

CODING SHEET

Demographic variables														
										section A				
Q NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Sample no	Age	Gender	Education	religion	marital status	no of children	type of family	Occupation	Residence	Income	psy illness	hospitalization	information-reiki	Relaxation
S1	C	B	A	A	A	C	A	D	A	A	B	A	F	A
S2	C	B	A	A	A	C	A	D	A	B	B	B	F	A
S3	C	B	B	A	D	B	A	B	B	A	B	A	F	A
S4	B	A	D	A	B	A	A	B	A	A	B	A	F	A
S5	B	B	A	A	A	C	A	D	A	A	B	A	F	F
S6	B	B	C	A	A	B	A	B	B	B	B	B	F	F
S7	B	B	C	A	A	B	A	C	A	A	B	A	F	A
S8	B	B	D	B	B	A	A	B	B	B	B	A	F	A
S9	B	B	C	A	A	B	A	C	A	B	B	A	F	A
S10	C	A	D	A	A	B	A	B	B	C	B	A	D	C
S11	B	B	B	A	A	B	A	B	B	B	B	B	F	A
S12	B	B	C	A	B	A	A	C	B	A	B	A	F	D
S13	B	A	C	A	A	B	A	D	A	B	B	C	F	A
S14	B	A	C	A	A	B	A	D	A	B	B	A	F	A
S15	A	B	C	A	B	A	A	E	B	B	B	A	F	D

S16	B	B	C	A	B	A	A	B	B	B	B	A	F	A
S17	B	B	B	A	A	B	A	C	B	B	B	A	F	A
S18	C	A	C	A	A	C	A	A	B	C	B	A	F	A
S19	B	A	B	C	A	B	A	B	B	C	B	A	F	D
S20	B	A	B	A	B	A	A	D	A	A	B	B	F	A
S21	B	A	C	A	B	A	A	B	A	B	B	A	F	A
S22	B	B	D	B	B	A	A	B	C	B	B	B	F	D
S23	B	B	C	A	A	B	A	C	B	B	B	A	F	A
S24	B	B	B	A	A	B	A	D	A	A	B	B	F	A
S25	C	A	C	A	A	C	A	C	A	C	B	A	F	A
S26	B	B	D	A	A	B	B	D	A	A	B	A	F	A
S27	B	B	B	A	A	B	A	B	B	A	B	A	F	A
S28	B	B	D	A	B	A	A	B	B	B	B	A	F	A
S29	B	B	D	A	B	A	A	C	B	B	B	A	F	A
S30	B	B	C	A	A	B	A	B	B	A	B	B	F	A
S31	B	A	C	A	B	A	A	B	A	A	B	A	F	A
S32	B	A	B	A	A	B	A	D	A	B	B	A	F	A
S33	B	A	C	A	A	B	A	B	B	B	B	A	F	D
S34	B	B	B	A	D	B	A	B	B	B	B	B	F	A
S35	B	B	B	A	A	A	A	C	A	A	A	B	F	A
S36	B	B	C	A	D	B	A	E	B	B	B	A	F	A
S37	B	B	C	A	D	A	A	B	A	B	B	A	F	A
S38	B	B	C	A	A	B	A	B	B	B	B	A	F	A

S39	C	B	C	A	A	B	B	C	B	B	B	B	F	A
S40	B	B	B	A	D	B	A	C	A	A	A	A	F	A
S41	B	B	D	A	A	B	A	B	B	B	B	A	F	A
S42	B	B	B	A	A	B	A	C	A	B	B	A	F	A
S43	B	B	C	A	B	A	A	B	B	B	B	A	F	A
S44	B	B	B	B	B	A	A	B	B	B	A	A	F	A
S45	C	B	B	A	A	C	A	B	B	B	B	A	F	A
S46	B	B	C	A	A	C	A	C	A	B	B	A	F	A
S47	B	A	D	A	A	B	A	C	B	B	B	A	F	C
S48	C	A	A	A	A	C	A	D	A	A	B	A	F	A
S49	A	A	C	A	C	B	A	C	C	C	B	B	F	D
S50	B	A	E	A	A	B	A	D	A	B	B	A	F	A
S51	B	A	D	C	B	A	A	B	B	A	B	A	F	D
S52	C	A	C	A	A	C	A	D	A	B	B	A	F	A
S53	C	B	C	A	A	B	A	E	A	B	B	A	F	A
S54	B	B	C	A	B	B	A	B	B	B	B	C	F	A
S55	B	B	D	A	A	B	A	E	B	B	B	C	F	D
S56	B	B	C	A	A	B	A	E	A	B	B	B	F	A
S57	C	B	D	A	A	B	A	A	A	C	B	B	F	A
S58	B	B	B	A	A	B	A	E	A	A	B	B	D	A
S59	B	B	C	A	A	B	A	B	B	B	B	A	F	A
S60	B	B	D	A	A	B	A	B	B	B	B	A	F	A

BDI-II										pre-test													
										Section-B													
Q No	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Sample no	Sadness	Pessimism	Past Failure	Loss of Failure	Guilty feelings	Punishment feelings	Self dislike	Self criticalness	Suicidal thoughts or wishes	crying	Agitation	Loss of interest	Indecisiveness	Worthlessness	Loss of energy	Change in sleeping pattern	Irritability	Change in appetite	Concentration difficulty	Tiredness of fatigue	Loss ofinterest in sex	Total score	level of depression
S1	2	2	2	2	1	3	2	2	3	1	1	3	3	2	2	1	1	2	2	2	0	39	severe
S2	2	2	2	2	0	3	2	2	2	1	1	3	3	3	3	2	2	2	2	1	3	43	severe
S3	3	3	3	2	1	3	3	2	2	1	1	1	3	3	3	3	2	3	3	2	3	48	severe
S4	3	3	3	2	0	3	3	0	0	1	2	3	3	3	3	2	2	2	1	1	3	43	severe
S5	3	1	2	2	3	3	3	3	3	3	1	3	3	3	3	2	1	2	1	1	2	46	severe
S6	1	2	0	1	0	3	2	1	1	2	2	2	1	1	3	2	1	2	1	1	1	28	moderate
S7	1	1	1	2	1	3	3	1	2	2	1	2	1	1	2	1	1	2	2	2	2	34	severe
S8	2	2	1	1	0	3	1	1	2	1	2	2	2	3	3	2	1	1	2	2	0	35	severe
S9	3	3	3	2	3	3	3	3	3	2	2	3	1	3	3	3	2	2	3	3	3	56	severe
S10	2	3	2	2	2	3	2	2	2	0	1	2	2	2	3	2	2	3	3	2	3	45	severe
S11	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	28	moderate

S12	1	3	3	1	2	1	1	1	1	1	1	1	1	1	2	1	2	2	1	2	1	28	moderate
S13	2	3	2	2	2	3	3	1	2	2	1	1	2	2	2	2	3	3	1	2	1	42	severe
S14	3	3	1	1	3	3	3	2	2	2	1	2	1	1	2	1	3	2	2	2	2	42	severe
S15	1	3	0	2	1	2	1	1	0	1	1	1	2	1	1	2	1	2	1	2	0	27	moderate
S16	2	2	2	2	2	3	2	2	2	2	2	2	1	2	2	2	2	2	1	1	0	38	severe
S17	3	2	1	2	1	2	1	1	1	2	1	1	1	1	1	1	1	2	1	1	1	28	moderate
S18	1	1	2	2	1	3	3	1	3	2	3	2	2	2	1	1	2	2	1	2	3	40	severe
S19	3	2	2	1	1	1	2	1	2	2	2	2	1	1	2	2	2	2	1	1	2	35	severe
S20	2	2	2	1	1	1	1	1	1	1	1	2	1	1	2	2	1	2	1	1	0	27	moderate
S21	3	3	2	1	1	2	3	2	3	2	2	2	1	1	1	2	2	2	1	2	0	39	severe
S22	2	2	1	2	1	3	3	2	3	2	2	2	2	2	1	2	2	2	1	1	0	38	severe
S23	2	1	1	1	1	3	2	2	3	2	3	2	2	1	1	2	2	2	1	2	3	39	severe
S24	2	2	1	1	1	3	2	2	3	2	2	2	2	1	1	1	2	2	1	1	2	36	severe
S25	2	1	1	1	1	3	2	1	3	2	2	2	2	1	1	1	3	3	2	1	3	38	severe
S26	3	3	3	3	1	3	3	1	2	2	2	2	1	2	2	2	2	1	1	2	3	44	severe
S27	3	3	2	2	1	3	1	1	1	1	2	2	1	2	1	2	2	2	1	1	2	36	severe
S28	2	2	1	1	1	3	3	2	3	2	2	2	1	1	2	1	2	2	2	2	0	37	severe
S29	2	1	1	1	1	3	2	1	1	2	2	2	1	2	1	2	2	2	1	1	0	31	severe
S30	2	1	1	1	1	1	2	1	2	1	1	2	1	1	1	1	2	1	1	1	1	26	moderat

																							e
S31	1	2	2	1	1	3	3	1	1	2	2	2	1	1	2	1	1	2	1	2	0	32	severe
S32	1	1	1	1	1	3	2	1	2	2	2	2	2	2	2	2	2	1	1	1	1	33	severe
S33	2	2	1	1	0	3	1	0	1	1	2	2	2	2	2	1	2	2	2	2	2	31	severe
S34	2	2	2	2	2	3	3	2	3	2	2	3	2	2	3	2	2	2	2	3	3	49	severe
S35	3	3	3	3	3	3	3	2	3	3	2	2	3	3	3	3	2	2	2	2	3	56	severe
S36	1	3	2	2	1	3	2	1	3	2	2	1	1	1	3	1	1	0	2	2	2	36	severe
S37	3	3	1	1	1	2	1	1	1	1	2	1	3	1	1	3	2	1	2	2	1	28	moderat e
S38	2	3	1	2	1	3	2	1	2	2	1	2	1	2	2	1	2	2	2	1	2	37	severe
S39	2	3	2	2	1	3	2	1	1	2	2	2	3	2	3	3	1	2	2	3	3	45	severe
S40	2	3	2	2	1	3	3	1	3	2	2	2	3	3	3	3	2	3	2	3	3	51	severe
S41	2	3	2	2	2	3	3	2	3	2	2	3	3	2	2	2	2	2	3	3	2	50	severe
S42	2	3	2	2	1	1	2	2	2	2	1	3	2	2	3	1	1	2	2	2	2	40	severe
S43	1	2	3	3	2	1	2	2	3	3	2	2	2	2	2	2	1	2	2	2	2	45	severe
S44	2	2	1	1	1	3	1	2	1	2	1	1	1	1	2	1	1	1	2	1	1	28	moderat e
S45	2	3	2	3	3	3	3	1	2	2	3	2	2	1	3	3	2	2	3	2	3	50	severe
S46	1	3	1	2	2	3	2	1	3	2	2	2	2	2	3	2	3	2	3	3	3	45	severe
S47	3	3	2	3	2	3	3	1	2	2	3	3	2	2	2	1	2	2	2	2	2	47	severe
S48	3	3	2	2	2	2	3	1	2	3	3	3	2	1	3	2	2	1	1	3	3	47	severe

S49	2	2	1	1	1	3	3	2	2	2	2	2	1	1	2	2	2	1	1	1	2	36	severe
S50	3	2	1	2	1	3	3	2	2	1	2	1	2	2	3	2	2	1	1	2	2	40	severe
S51	1	1	2	1	1	2	2	1	1	1	2	1	2	2	1	2	2	1	1	1	0	28	moderate
S52	2	2	1	2	1	3	3	1	2	2	3	3	2	1	2	2	2	1	1	2	2	40	severe
S53	2	1	1	1	0	3	2	2	2	2	2	3	1	1	2	2	3	2	2	3	1	38	severe
S54	2	2	2	2	2	3	2	0	3	2	1	2	1	2	3	2	3	2	1	2	0	39	severe
S55	3	2	0	2	1	1	3	0	2	2	1	2	1	1	3	2	1	2	1	2	1	33	severe
S56	2	2	1	2	1	2	1	1	3	2	2	2	1	1	3	3	2	1	2	2	1	37	severe
S57	3	2	1	2	1	1	3	1	2	2	1	1	1	2	2	2	1	2	2	1	2	35	severe
S58	1	2	1	2	2	3	3	1	2	3	2	1	1	2	3	1	2	2	2	2	3	41	severe
S59	3	2	0	2	2	2	3	1	2	1	1	2	1	1	3	2	1	2	1	2	2	28	moderate
S60	3	3	2	2	2	2	2	2	3	1	1	2	1	2	1	2	1	1	1	2	3	47	severe

BDI-II																							
										Section- B	**post test**												
Q No	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Sample No	Sadness	Pessimism	Past Failure	Loss of Failure	Guilty Feelings	Punishment Feelings	Self-Dislike	Self Criticalness	SuicidalThoughts or wishes	Crying	Agitation	Loss of interest	Indecisiveness	Worthlessness	Loss of energy	Change in sleeping pattern	Irritability	Change in appetite	Concentration difficulty	Tiredness of fatigue	Loss of interest in sex	Total score	level of depression
S1	1	0	1	0	0	1	1	0	0	0	1	1	1	0	0	1	0	0	0	0	0	8	minimal
S2	0	0	1	1	0	0	0	1	0	0	2	1	1	1	0	1	0	1	1	0	0	11	minimal
S3	1	1	1	0	0	1	1	1	0	0	0	0	1	1	1	1	1	1	2	1	1	16	mild
S4	1	1	1	0	0	2	1	0	0	0	1	1	1	1	1	1	1	0	1	0	1	15	mild
S5	1	0	0	1	1	1	1	1	0	1	0	0	1	1	1	1	0	0	1	0	1	13	minimal
S6	0	1	0	1	0	1	0	1	0	0	1	1	1	0	1	1	1	0	1	0	1	12	minimal
S7	0	0	0	1	0	1	1	0	1	1	0	0	1	1	0	1	1	0	1	0	0	10	minimal
S8	1	1	0	1	0	0	0	1	0	1	1	0	2	1	1	1	0	0	1	1	0	13	minimal
S9	1	1	1	0	2	1	1	1	1	0	1	1	1	1	1	2	1	0	1	1	1	20	moderat
S10	1	1	0	0	1	1	0	1	0	0	1	1	1	1	1	1	0	0	1	1	1	14	mild
S11	0	1	1	0	1	1	0	0	1	1	1	0	1	0	1	1	1	1	1	0	1	14	mild
S12	0	1	1	0	1	1	1	0	1	0	1	0	1	1	1	1	2	1	1	1	0	16	mild
S13	1	1	1	1	0	1	1	0	0	1	1	1	1	0	1	1	1	1	0	0	0	14	mild
S14	1	1	1	0	1	1	1	1	0	0	1	1	0	0	1	1	1	0	1	1	0	14	mild
S15	1	1	0	1	0	1	1	1	0	1	1	0	1	1	0	1	1	0	1	2	0	15	mild

S16	1	0	1	1	0	1	1	1	0	0	1	1	1	1	1	0	0	0	1	0	0	13	mild
S17	1	1	1	1	1	1	1	1	0	0	1	0	1	1	0	1	1	1	1	0	0	15	mild
S18	1	0	1	1	0	1	1	1	0	1	1	1	1	1	0	0	1	1	1	0	1	15	mild
S19	1	0	1	1	0	0	1	1	0	0	1	1	1	0	1	1	1	1	0	0	1	13	mild
S20	1	1	1	1	0	1	0	1	0	0	1	1	0	1	1	1	1	0	1	1	0	14	mild
S21	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	1	0	1	1	0	17	mild
S22	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	0	18	mild
S23	1	0	1	1	0	1	0	1	1	1	1	1	1	1	0	1	1	2	1	1	2	17	mild
S24	1	1	1	1	0	1	0	1	1	0	1	0	1	1	1	0	1	0	1	0	1	14	mild
S25	1	0	1	1	0	1	0	1	1	0	1	1	1	1	0	0	1	1	1	0	1	16	mild
S26	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	18	mild
S27	1	1	1	1	0	1	0	1	0	0	1	1	1	1	0	1	1	0	1	1	1	15	mild
S28	0	1	1	1	0	1	0	2	1	0	1	1	1	1	1	0	1	1	1	0	0	15	mild
S29	1	1	0	0	1	1	1	0	0	0	1	1	1	1	0	1	1	0	0	1	0	12	mild
S30	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	0	0	1	16	mild
S31	0	1	1	1	1	1	1	1	0	0	1	1	1	0	1	0	0	1	1	0	0	13	minimal
S32	0	0	1	0	1	0	1	1	0	0	0	2	1	1	0	1	1	0	1	0	1	12	minimal
S33	1	0	1	0	0	1	1	0	0	0	1	1	1	1	1	0	1	0	1	1	0	12	minimal
S34	1	0	1	1	0	1	1	1	0	1	1	2	1	1	1	1	1	1	1	1	1	19	mild
S35	1	1	1	1	0	1	2	1	0	1	1	0	1	1	2	2	1	1	1	0	1	20	moderat
S36	1	1	1	1	0	1	1	0	1	0	1	0	1	1	2	1	1	0	1	1	1	17	minimal
S37	2	1	1	1	0	0	1	1	0	0	1	0	1	1	0	2	0	1	1	1	0	15	minimal
S38	1	1	0	1	0	2	0	1	0	0	1	0	1	0	1	0	1	0	1	0	1	12	mild
S39	1	1	1	1	1	1	1	1	0	0	1	0	1	1	1	2	0	1	1	2	2	20	moderat

S40	2	1	1	1	0	0	1	1	1	0	1	1	1	1	0	1	1	2	1	0	1	18	mild
S41	1	0	1	1	1	0	1	0	0	0	1	1	1	1	1	1	0	0	1	1	0	13	mild
S42	0	1	1	1	0	0	1	1	1	1	0	0	1	1	1	0	0	1	1	1	1	14	mild
S43	0	0	1	1	1	1	2	0	0	1	1	1	1	1	0	1	1	0	1	1	1	15	mild
S44	0	0	1	1	1	0	1	1	0	0	1	0	1	1	1	1	1	0	0	1	1	13	minimal
S45	1	1	1	1	1	2	0	0	0	0	1	1	1	1	2	1	0	1	1	0	1	17	mild
S46	1	1	1	1	1	1	0	0	1	0	1	0	1	1	1	1	1	1	1	1	1	17	mild
S47	1	1	1	1	1	1	2	0	1	0	1	1	1	0	1	0	1	0	1	1	1	17	mild
S48	1	1	1	1	0	0	1	0	0	1	1	1	1	1	1	1	1	0	0	1	1	15	mild
S49	1	1	1	0	0	1	2	1	1	0	1	0	1	1	1	0	1	0	1	0	1	15	mild
S50	1	1	1	1	1	1	1	0	0	0	2	1	1	1	1	1	0	0	0	1	0	14	mild
S51	1	0	1	1	0	1	1	0	0	1	1	1	1	1	1	1	1	0	1	1	0	15	mild
S52	1	2	0	1	0	1	1	0	0	0	2	2	1	0	1	1	0	0	1	1	1	16	mild
S53	1	0	1	0	0	1	0	1	0	0	1	1	1	1		10	1	1	1	1	0	13	minimal
S54	1	1	1	1	0	1	1	0	1	0	1	1	0	1	1	1	1	0	1	1	0	15	mild
S55	1	1	0	1	0	1	1	0	0	0	0	1	1	0	1	1	1	0	0	1	1	11	minimal
S56	1	0	1	1	0	1	0	0	0	1	1	0	1	0	2	1	1	0	1	0	1	13	mild
S57	1	0	0	1	0	1	1	0	1	1	1	0	1	1	1	1	1	0	1	1	1	15	mild
S58	1	1	0	0	1	1	2	1	0	1	1	0	0	1	1	0	1	1	1	1	1	16	mild
S59	1	1	0	1	1	1	0	1	1	0	1	1	1	0	1	1	0	1	1	1	0	15	mild
S60	1	1	1	1	0	1	1	1	1	0	0	0	1	0	0	1	1	0	1	0	1	12	mild

CERTIFICATE OF ENGLISH EDITING

This is to certify that study conducted by by Ms. L. Jayalakshmi, M.Sc. Nursing II year, College of Nursing, Madras Medical College-03, on **"A study to assess the effectiveness of Reiki therapy to reduce the depression level among depressive clients at Institute of mental health, Kilpauk, CHENNAI"** has been edited by me for English language appropriateness.

Signature : 

Name : Dr. S. GANESAN

Designation : Professor, Department of S&H [English], Vel Tech High Tech Dr. Rangarajan Dr. Sakunthala Engineering College, AVADI, CHENNAI.

Place : AVADI, CHENNAI.

Date : 18-01-2016.